WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37322

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9274

City St. Louis 500 S. Kingshighway (No. St. Louis Childrens Hospital Ward)

2. FULL NAME Marjorie Roy

(a) Residence, No. Prairie Du Rocher St., N R Ward. ..... Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-1-35

7. AGE: YEARS | MONTHS: 4 | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie Du Rocher Ill.

FATHER

13. NAME: George Roy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie du Rocher Ill.

MOTHER

15. MAIDEN NAME: Ethel Robert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie du Rocher Ill.

17. INFORMANT (ADDRESS): J. McIlvin 550 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Prairie du Rocher Ill DATE: 2011 16 1935

19. UNDERTAKER (ADDRESS): Grover A Dashner Red Bud Illinois

20. FILED: NOV -4 1935, 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-4-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-9-35, 19..., to 11-4-35, 19...

I last saw her alive on 11-4-35, 19 ..... Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus Congenital non TB
Brain abscesses, multiple Cause unknown
~~[illegible]~~

Date of onset: 7-1-35

Other contributory causes of importance: Diarrhea, acute

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Name of operation: Choroid plexectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J Keller Mark, M. D.

(Address) 501 S Kingshighway