

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.

JAN 15 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Candlen
Township St. Louis
City St. Louis (No.)

Registration District No. 275
Primary Registration District No. 5170 B

File No. 38812
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1859

7. AGE YEARS 76 MONTHS 8 DAYS 28 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Co Mo

13. NAME Dr James I Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Springs Ky

15. MAIDEN NAME Katherine Jane Vaughan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Co Mo

17. INFORMANT Mrs J E Warner or Richland Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Old St. Louis Cemetery DATE Dec 19th 1935

19. UNDERTAKER (ADDRESS) P. St. Joseph Richland Mo

20. FILED Dec 31 1935 W. C. Pooling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17th 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 10 1935 to Dec 17 1935

I last saw her alive on Dec 17 1935 Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Broncho Pneumonia Date of onset 12/15/1935

1076

Other contributory causes of importance: Asthma - Life

Name of operation none Date of

What test confirmed diagnosis? Bed Side Was there an autopsy? no

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? No

If so, specify Orest A. Oliver M. D.

(Signed) Orest A. Oliver

(Address) Richland Mo

