

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo** (No. **St. Lukes Hospital**) St. Ward)

2936

File No.
Registered No. **131**

2. FULL NAME **Lydia Overturf**(a) Residence, No. **5170 Enwright** St., **12** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **20** 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 word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sylvester Overturf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 64

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **Duquoin**
(STATE OR COUNTRY) **Ill.**

13. NAME **Richard Bawlin**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Snyder**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

17. INFORMANT **Sylvester Overturf**
(ADDRESS) **1809 Texas Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Duquoin Ill.** DATE **Jan 3**, 19**35**

19. UNDERTAKER **A. W. McLaughlin**
(ADDRESS) **2301 Lafayette**

20. FILED IN **4 1036** 19 **1935**
CRUI **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 1st, 1936**

22. I HEREBY CERTIFY, that I attended deceased from **Dec 9**, 19**35**, to **Jan 1**, 19**36**.
I last saw h. e. v. alive on **Jan 1**, 19**36**. Death is said to have occurred on the date stated above, at **8:15 P. m.**
The principal cause of death and related causes of importance were as follows:

Cerebral embolism 12-29-35
Myocarditis, ch. ?

Other contributory causes of importance:

Diabetes mellitus ?
Uterine prolapse ?

Name of operation **Vaginal hysterectomy** Date of **12-29-35**
What test confirmed diagnosis? 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.....

(Signed) **A. F. Brown**, M. D.(Address) **St. Lukes Hospital**

WRITE PENNILEY, 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.

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