

MAR 18 1936

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

Do not use this space.

5304

1. PLACE OF DEATH

County St. Louis Registration District No. 276
Township Halsam Primary Registration District No. 5409
City (No. _____) St. _____ Ward _____

2. FULL NAME

Renda Catherine Samples
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (If married, give name of spouse)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17 25 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeping
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) (STATE OR COUNTRY) Illinois
13. NAME Paul Carey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. St.
15. MAIDEN NAME Marquet Motte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. St.

17. INFORMANT (ADDRESS) Bill Samples

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Feb 21 1936

19. UNDERTAKER (ADDRESS) J. S. G. Co.

20. FILED 3/10 1936 J. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1935, to 2-20, 1936

I last saw her alive on Jan 30, 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pulmonary Tuberculosis 1 year
Other contributory causes of importance: 2 3

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. W. Biresnell, M. D.
(Address) Permett Mo

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.

