

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

Do not use this space.

12366

1. PLACE OF DEATH

County St. Louis
Township Lamar
City Clayton Mo. (No. St. Louis County)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. 123 St. _____ Ward

2. FULL NAME

(a) Residence No. 16510 Ridge Westwood Ward No.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife - Mattie E. Daily

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 8

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

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) Indy - Indiana

FATHER 13. NAME Harry Hall

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

MOTHER 15. MAIDEN NAME Anna North

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indy

17. INFORMANT Mrs. Daryl Williamson (ADDRESS) 6510 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE March 30, 1936

19. UNDERTAKER Lea L. O'Rourke Inc. (ADDRESS) 5946 Baxter Ave.

20. FILED 3/30 1936 D. J. Squirelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/36, 19, to 3/27/36, 19.

I last saw him alive on 3/27/36, 19. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Arterio Sclerotic A. Dis.
Cerebral Arteriosclerosis
(Arterial Occlusion)

Other contributory causes of importance: _____
Name of operation _____ Date of _____

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) Frank W. Thurston, M. D.
(Address) St. Louis, Mo. 1000 Clayton 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.

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