

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

Do not use this space.

17524

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No.....  
Primary Registration District No. **1003**  
(No. *3999 McPhee*)

File No.....  
Registered No. **4306**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. *9* St. *17* Ward.....  
(Usual place of abode)

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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 29, 1908</i>		
7. AGE YEARS <i>27</i>	MONTHS <i>3</i>	DAYS <i>21</i>
If LESS than day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Rice Store</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Very Goods. Co.</i>	
	10. Date deceased last worked at this occupation (month and year) <i>March 1935</i> spent in this occupation	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>All</i>
	13. NAME <i>Frank Burnett</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>All</i>
	15. MAIDEN NAME <i>Emma Piper</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>All</i>
	17. INFORMANT <i>Mrs. Emma Burnett</i> (ADDRESS) <i>3929 McPhee</i>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Matthews</i> DATE <i>April 20, 1936</i>
	19. UNDERTAKER <i>Edw. P. Howard &amp; Sons</i> (ADDRESS) <i>4212 St. Louis ave</i>
20. FILED <b>APR 20 1936</b> <i>J. F. Bredeck</i> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 15, 1932* to *April 17, 1936*  
I last saw him alive on *April 17, 1935* Death is said to have occurred on the date stated above, at *8:15 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Pulmonary tuberculosis* Date of onset *5 years*

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? *Sp. Culture* 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) *Lin O. Beaman*, M. D.  
(Address) *101 S. Beaman Bldg. St. Louis, 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.

WRITE PLAINLY; WITH CHANGING INK—THIS IS A PERMANENT RECORD

The first part of the document discusses the general principles of the proposed system. It is intended to provide a comprehensive overview of the various components and their interactions. The system is designed to be flexible and adaptable to different environments and requirements.

The second part of the document details the specific implementation of the system. This includes a description of the hardware and software components, as well as the configuration and setup procedures. The implementation is based on the principles outlined in the first part, and is designed to be easy to install and use.

The third part of the document describes the testing and validation of the system. This includes a description of the test cases and procedures, as well as the results of the testing. The testing was conducted in a controlled environment, and the results show that the system meets the requirements and performs well under various conditions.

The fourth part of the document discusses the future work and conclusions. This includes a description of the limitations of the current system, and suggestions for future improvements. The conclusions highlight the strengths and weaknesses of the system, and provide a summary of the overall findings.