

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

Do not use this space.

MAY 27 1936

18100

1. PLACE OF DEATH

County St. Louis  
Township Jefferson  
City Bellevue Sts. (No. St. Marys Hosp.)

Registration District No. 1170  
Primary Registration District No. 6348H

File No. \_\_\_\_\_  
Registered No. 123  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. # 22 Thornby Pl. (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. W. J. McKittrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Florida n. y.

MOTHER 13. NAME Sam Seward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida n. y.

15. MAIDEN NAME (unknown) Humphrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co. N. Y.

17. INFORMANT Seward McKittrick  
(ADDRESS) # 22 Thornby Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Sts. DATE Apr. 4/23 - 36

19. UNDERTAKER (ADDRESS) O.P. Supton & Sons  
# 4114 Olive St.

20. FILED April 27, 1936 Gertrude Porter  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Oct, 1935, to 4-21, 1936

I last saw him OR alive on APR. 20, 1936 Death is said

to have occurred on the date stated above, at 8 A. m.

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

Broncho-pneumonia  
Fracture of Femur (upper 1/2)  
Fall from chair  
Diabetes (M) - arteries sclerotic

Date of onset 8 days  
13 days  
5-6 yrs.

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-8, 1936

Where did injury occur? 32 Thornby Pl.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury Fall from chair

Nature of injury Fracture of Rt Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. O. Merrin, M. D.

(Address) 608 Kingland

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.

608 Kingston

ca 6854

11-12 AM