

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

Do not use this space.

JUL 14 1936

24678

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

No.....

4910 W. Pine

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

4910 W. Pine

St.

12 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.

791

1003

File No.....

Registered No.....

6300

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Wife*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 29 - 1935*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
0 8 22

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. 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) *Bridgeport Conn.*

MOTHER 13. NAME *William Hooper Evans*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Birmingham Ala.*

15. MAIDEN NAME *Worthy Hart*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cincinnati Ohio*

17. INFORMANT *William Hooper Evans*
(ADDRESS) *Forest Park Hotel*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Cincinnati Ohio* DATE *6/21 1936*

19. UNDERTAKER *Arthur J. Donnelly*
(ADDRESS) *3840 Knibbille Rd.*

20. FILED *J. F. Bredeck*
Registrar.

JUN 21 1936

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *June 16, 1936, to June 21, 1936*

I last saw him/her alive on *June 19, 1936*. Death is said

to have occurred on the date stated above, at *12:22 A.M.*

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

*Congenital heart disease
Whooping cough
Pneumonia*

Date of onset
*Birth
6-2-36
6-19-36*

Other contributory causes of importance: *A*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

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) *Park White* M. D.

(Address) *3725 Washington St. Paris*

WRITE PLAINLY, 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.

Dr. Frank J. White
St. Lucia Hosp. 9¹⁵ to 945