

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

Do not use this space.

JUL 14 1936

24705

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No. **1003**
(No. *Central Hospital*)

791

File No.....
Registered No. **6328**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *2604 Beelove* St. *N.P.* Ward. *Manchester Mo.*
(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Perry H. Stewart</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>2-11-1870</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>4</i>	DAYS <i>9</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>
	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)
Jasper Mo

MOTHER FATHER
13. NAME *John Varvil*

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

MOTHER FATHER
15. MAIDEN NAME *Eliza Truqua*

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

17. INFORMANT *Perry H. Stewart*
(ADDRESS) *2604 Beelove*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hopkins Mo* DATE *6-22* 19*36*

19. UNDERTAKER *Jay Smith Funeral Home*
(ADDRESS) *1436 Manchester*

20. FILED *J. Bredeck*
JUN 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-20*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *6-5*, 19*36* to *6-20*, 19*36*

I last saw him alive on *6-20*, 19*36*. Death is said to have occurred on the date stated above, at *8:30 a.m.*

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

Pulmonary Embolus
Primary Seat Urinary Bladder
Other contributory causes of importance:
Carcinoma of Liver, Omentum, Uterus & Bladder
Name of operation *Exploratory* Date of *6-11-36*
What test confirmed diagnosis? *Microscopic* 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) *J. H. Walton*, M. D.
(Address) *1151 Washington*

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.

