

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 29 1936

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

Do not use this space.

32202

1. PLACE OF DEATH  
 County St Louis Registration District No. 785  
 Township Pondexter Primary Registration District No. 3037  
 City Kirkwood (No. 227 E Woodbine) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Betty Jean Jean  
 (a) Residence, No. 227 E Woodbine St. Ward. Kirkwood  
 (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.

File No. \_\_\_\_\_  
 Registered No. 97

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13<sup>th</sup> 1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-12, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1936, to 8-12, 1936.  
 I last saw her alive on 8-12, 1936. Death is said to have occurred on the date stated above, at 7:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) St. Louis County  
 13. NAME George Jean  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.  
 15. MAIDEN NAME Frances Hand  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Esther, Mo.  
 17. INFORMANT (ADDRESS) George Jean, 227 E. Woodbine Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Aug-14, 1936  
 19. UNDERTAKER (ADDRESS) Louis D. Baker, Kirkwood, Mo.  
 20. FILED 8-13-1936 Bridget & Kelly Nefy Registrar.

Iles colitis  
119 5  
 Other contributory causes of importance: Marasmus.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) G. E. Barnick M. D.  
 (Address) 209 S. 14th St. Kirkwood, 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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