

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.

DEC 3 1936

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

Do not use this space.

39913

1. PLACE OF DEATH

County Fernix Registration District No. 791
Township Desloge Hosp. Primary Registration District No. 2003
City Desloge Hosp. (No. Fernix Desloge Hospital) File No. 11256
Ward

2. FULL NAME

(a) Residence, No. Baby Gertrude (unnamed) St. N.R. Ward. Victoria, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

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) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME William Russell Gertrude

14. BIRTHPLACE (CITY OR TOWN) Ware, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Lara Ragene Smith

16. BIRTHPLACE (CITY OR TOWN) Deer Lodge, Montana
(STATE OR COUNTRY)

17. INFORMANT Desloge Hospital
(ADDRESS) 1325 D. Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Missouri DATE Oct. 12, 1936

19. UNDERTAKER W. R. R. 3500 Ritz
(ADDRESS)

20. FILED NOV 13 1936
J. Heudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1936, to Oct. 12, 1936

I last saw her alive on Oct. 11, 1936 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Other contributory causes of importance:
151

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify John J. Black, M. D.
(Signed) John J. Black
(Address) 1325 D. Grand

