

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH 1936

County St. Louis
Township St. Louis
City St. Louis (No. St. Ward)

Registration District No. 199
Primary Registration District No. 5279A

File No. 40721
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 5 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in secy
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hot Mo.13. NAME Milton E. Holman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo15. MAIDEN NAME Ida Lee Hillman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.17. INFORMANT (ADDRESS) Garnett Downing, Hot Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Near Hot Mo DATE 11/23 3619. UNDERTAKER (ADDRESS) Church - Anchor Co, Liberty Mo.20. FILED Nov 23 1936 W. W. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 - 193622. I HEREBY CERTIFY, That I attended deceased from Sept 25 to Nov 20, 1936I last saw him alive on Nov 20, 1936. Death is saidto have occurred on the date stated above, at 7: A.m.

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

Perniciou anemia

Date of onset

Sept1935

Other contributory causes of importance

Nephritis (chronic)
Cancer of uterus

Name of operation. Date of

What test confirmed diagnosis? Clinical 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? Yes

If so, specify

(Signed) J. E. Van Winkle(Address) J. Lattrop, Mo.

