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.

JAN 10 1937

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

Do not use this space.

46354

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 12140

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 12897

2. FULL NAME Janetta Haville

(a) Residence, No. 2407 Hadley St., 26 Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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, Missouri

FATHER

13. NAME Alfred Haville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson, Arkansas

MOTHER

15. MAIDEN NAME Tilda Lee Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Central City, Ky

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens, DATE Dec 11 1936

19. UNDERTAKER (ADDRESS) Hay Lessner & Co. 4417 N Market St

20. FILED DEC 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/5/36, 19, to 12/10/36, 19

I last saw her alive on 12/10/36, 19 Death is said to have occurred on the date stated above, at 1.50 a.

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

Malnutrition

89a

Date of onset

Other contributory causes of importance:

Otitis Media, Acute

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? .....

If so, specify .....

(Signed) A. W. Hanss, M. D.

(Address) City Hospital No.1