

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.

JUL 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Sandywood
City St. Louis (No. 6064)

Registration District No. 815
Primary Registration District No. 6064

48397
File No. 48397
Registered No. 48397 Ward 1

2. FULL NAME

(a) Residence, No. St. Louis St. St. Louis Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9, 1936</u>		
7. AGE <u>✓</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>
DAYS <u>✓</u>		If LESS than 1 day, hrs. or min. <u>✓</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co., Mo.</u>		
FATHER	13. NAME <u>M. C. Ance</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Isabel Swape</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT (ADDRESS) <u>M. C. Ance, Scott County, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau, Mo.</u> DATE <u>7/9/36</u>		
19. UNDERTAKER (ADDRESS) <u>J. F. Hanneler, Jr., Joplin, Mo.</u>		
20. FILED <u>7/10/36</u> 19 <u>36</u> <u>J. F. Hanneler, Jr.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 9, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>May 9, 1936</u> to <u>May 9, 1936</u> I last saw him alive on <u>May 9, 1936</u> Death is said to have occurred on the date stated above, at <u>St. Louis, Mo.</u> The principal cause of death and related causes of importance were as follows: <u>Unknown</u>	
Other contributory causes of importance: <u>Unknown</u>	
Name of operation <u>Unknown</u> Date of <u>Unknown</u> What test confirmed diagnosis? <u>Unknown</u> Was there an autopsy? <u>Unknown</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Unknown</u> Date of injury <u>Unknown</u> Where did injury occur? <u>Unknown</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>Unknown</u> Nature of injury <u>Unknown</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Unknown</u> (Signed) <u>Unknown</u> , M. D. (Address) <u>Unknown</u>	

