

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

Do not use this space.

FEB 27 1937

2032

1. PLACE OF DEATH

Lawrence

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 6 mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

fe

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

J F McDaniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/22/1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

36

4

3

OCCUPATION

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

housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

27

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 Mo,

13. NAME

Jacob C Fauth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

15. MAIDEN NAME

Katherine Wind

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis

17. INFORMANT (ADDRESS)

State Records Dept
Mt Vernon

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

July 26 1937

19. UNDERTAKER (ADDRESS)

Geo. B. Orr
Mt Vernon

20. FILED

Jan 26 1937 P. A. Holmes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/37

7/4/36 HEREBY CERTIFY, That I attended deceased from 1/25/37 or 19....., to 1/25/37, 19.....

I last saw h..... alive on 1/25/37 4:50p., 19..... Death is said to have occurred on the date stated above, at 4:45p.m.

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

Pulmonary Tuberculosis

Date of onset

Massive Hemorage

Other contributory causes of importance:

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) Chester J. Maloney, M. D.

(Address)

Mt Vernon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE NECESSARY.

