

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.

Mr. Kingman  
FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785  
 Township Castanville Primary Registration District No. 3037  
 City Kirkwood (No. 7) St. 1 Ward 1

2. FULL NAME Lais Jane Mc Daniels  
 (a) Residence, No. 230 W. Rose Hill Ward. Kirkwood 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.

File No. 2917  
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 6 21

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

13. NAME Paul Mc Daniels

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

15. MAIDEN NAME Hall

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

17. INFORMANT Paul Mc Daniels  
 (ADDRESS) 230 W. Rose Hill Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan 9 1937

19. UNDERTAKER Louis H. Rupp  
 (ADDRESS) Kirkwood Mo

20. FILED 1/8 1937 Agnes Kelly  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1937 to Jan 7th 1937  
 I last saw her alive on Jan 7th 1937 Death is said to have occurred on the date stated above, at 2:30 P.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset Jan 4th  
Gastro Enteritis  
 Other contributory causes of importance:  
Spasms Jan 5th

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? Y. O.  
 If so, specify \_\_\_\_\_

(Signed) Henry D. ... M. D.  
 (Address) 125 S. Adams Ave. Kirkwood

