

MAR 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

5686

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 260Township GrandviewPrimary Registration District No. 5363City St. Louis (No. 1)File No. 5686Registered No. 5686St. 1 Ward 1

## 2. FULL NAME

(a) Residence. No. Myrtle E. Wright St. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. 12 How long in U.S., if of foreign birth? yrs. 1 mos. 10 ds. 12

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

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

Widowed

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Apr. 11, 1876

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs. 60or min. 10

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Bloom Reed

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Janet Sharp

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14. INFORMANT

Magister Whitaker

(Address)

Cameron, Mo.

## 15. FILED

2-25-37Mildred Mc Mahon

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb. 23, 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to Feb. 23, 1937 that I last saw him alive on Feb. 23, 1937 and that death occurred, on the date stated above, at 7:45 A.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Throat

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. J. Cameron, M. D.2/24, 1937 (Address) Cameron, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Christian Chapel2/25, 1937

## 20. UNDERTAKER

## ADDRESS

Wm. J. Cameron, Mo.

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.

