MAR 5 1937

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

Do not use this space.

MAR 5 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8784

Township ..... Primary Registration District No. 1003 Registered No. 2252

City St. Louis (No. 412 North Union Blvd St. ..... Ward)

2. FULL NAME Georgia Lee Towner Generelly

(a) Residence, No. ..... St., 12 Ward. (If nonresident, give city or town and State)
(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.

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 Roger Generelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29th 1869

7. AGE: YEARS 67 MONTHS 3 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Huntsville Missouri

FATHER

13. NAME Minor Mandeville Towmer

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

MOTHER

15. MAIDEN NAME Eliza Bradley

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

17. INFORMANT (ADDRESS) Mrs P.J. Phelan 412 North Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 25th 1937

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive Street.

20. FILED FEB 24 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to Feb 23, 1937

I last saw her alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Cerebral hemorrhage	1936
Vascular hypertension	1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

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) Samuel B. Grant M. D.

(Address) 3720 Washington Blvd

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.

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