

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Children's Hospital, 500 S. Kingshighway** (No.) St. Ward)

File No. **10919**
3493
Registered No. **4**
St. Ward)

2. FULL NAME

Donna Kay Rich

(a) Residence, No. **2106 E. 24th. St.** St. **NR** Ward. **Granite City, Ill.**
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **2** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **CHILD** (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-21-37**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
IO

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **II**
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) **Granite City, Ill.**

13. NAME **Earnest Rich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Anna, Ill**

15. MAIDEN NAME **Vivian Treece**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Anna, Ill.**

17. INFORMANT **J. McIlvin**
(ADDRESS) **500 S. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Granite City** DATE **March 31, 1937**

19. UNDERTAKER **J. G. Mercer**
(ADDRESS) **Granite City, Ill.**

20. FILED **MAR 31 1937** **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-31-37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **3-29-37**, 19, to **3-31-37**, 19

I last saw her alive on **3-31-37**, 19. Death is said

to have occurred on the date stated above, at **3:40 A.M.**

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

Date of onset

Enteritis with secondary peritonitis and questionable Sepsis

Other contributory causes of importance:

Premature

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **yes**

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?

If so, specify

(Signed) **Ralph W. Barlow**, M. D.

(Address) **500 S. Kingshighway**

WRITE PLAINLY, WITH UPDATING INFORMATION. PERMANENT RECORD.

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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