

78
JUL 31 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
Township Concord
City (No. _____) _____

Registration District No. 653
Primary Registration District No. 5885

File No. 24504
Registered No. 53 _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. High St., _____ Ward _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5-31</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
	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) High
(STATE OR COUNTRY) Mo

MOTHER FATHER
13. NAME John Kirby

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

15. MAIDEN NAME Elta Creelius

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

17. INFORMANT (ADDRESS) John Kirby High

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 6-18, 1937

19. UNDERTAKER (ADDRESS) Funerals -

20. FILED 6-18, 1937 JWR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to 1937, 1937

I last saw him alive on June 15, 1937 Death is said to have occurred on the date stated above, at 2:40 m. P

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

Granular degeneration
1618
Date of onset _____

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 _____, 1937

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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Berlton Street, M. D.

(Address) High

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.

WRITE PLAINLY

100M-11-24-33

