AUG 24 1937

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

Do not use this space.

27404

1. PLACE OF DEATH
County Jackson
Township ~~Sterling~~
City Independence (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. .....
Registered No. 243

48
5
8

2. FULL NAME Lucy MARVILLE HALL ST. JOHN

(a) Residence, No. 832 NORTH OSAGE St., 1ST Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edgar S St. John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22-1862

7. AGE: 75 YEARS ~~[illegible]~~ MONTHS ~~2~~ 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Utah (not known) Utah

FATHER
13. NAME: Albert W Noble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts

MOTHER
15. MAIDEN NAME: Maria Riggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts

17. INFORMANT (ADDRESS): Miss Myrtle Hall 832 North Osage Indep Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bookamper Cem. DATE July 20 1937

19. UNDERTAKER (ADDRESS): Ott + Mitchell Independence Mo

20. FILED 7-21-1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1937, to July 18, 1937
I last saw her alive on July 15, 1937. Death is said to have occurred on the date stated above, at 1230 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Mar 1937
50	

Other contributory causes of importance:
Senility Cancer of the left breast
Obesity
High blood pressure

Name of operation none 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? .....
If so, specify .....
(Signed) John W Frazer, M. D.
(Address) Independence

WRITE PLAINLY WITH UNFADING INK--THIS IS A 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.

SUM-10-22-36 1 X9314