

AUG 30 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 *Wanamung*

City

(No. _____)

St. _____

Ward _____

Registration District No. *789*Primary Registration District No. *6033*File No. *28313*Registered No. *196*2. FULL NAME *Mrs. Jennie Pellard*(a) Residence, No. *6475 Woodrow*

(Usual place of abode)

St. *Five Lawn* Ward.

(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 *F*4. COLOR OR RACE *W*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF *Dennis Pellard*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 24, 1860*

7. AGE

YEARS *77*MONTHS *4*DAYS *15*

IF LESS than 1 day, _____ hrs. or _____ min.

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

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) *Lincoln Co. Mo.*13. NAME *John Jameson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Millwood, Mo.*15. MAIDEN NAME *Cassidy*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT (ADDRESS) *Harry Pellard
1276 Ferguson*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Cathys, Mo*19. UNDERTAKER (ADDRESS) *Wible & Keithley
Old Monroe, Mo.*20. FILED *7-10-*19. *37*

DATE

FILED

BY

FILED

DATE

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9, 1937*22. I HEREBY CERTIFY, That I attended deceased from *March 12, 1937, to July 9, 1937*I last saw her alive on *July 9, 1937* Death is saidto have occurred on the date stated above, at *12 a.* m.

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

*Old Myocarditis**Fracture of rt. femur*

Other contributory causes of importance? _____

Name of operation *None* Date of _____What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), list in also the following:

Accident, suicide, or homicide *Accident* Date of injury *Mar 12, 1937*Where did injury occur? *St. Louis County, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Fall*Nature of injury *Fracture of femur*

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

If so, specify _____

(Signed) *James J. Thomas* M. D.(Address) *508 N. Grand*

Registrar.

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.

