

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.

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35294

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Clayton Primary Registration District No. 6038  
 City Clayton (No. St. Louis County Hospital) File No. \_\_\_\_\_  
 Registered No. 328 Ward \_\_\_\_\_

2. FULL NAME Mattie May Loss  
 (a) Residence, No. 265 E. Kirk St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 mo. 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
 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) Clayton, Mo.

13. NAME Baxter Moss  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Loude Richie  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT mother, Mattie Moss  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 9/14/37 19.

19. UNDERTAKER (ADDRESS) J. S. Lewis  
1124 Olive St.

20. FILED 9/14 1937 Dr. A. J. Signorelli  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-37, 1937

22. I HEREBY CERTIFY That I attended deceased from 9-10-37, 1937, to 9-13-37, 1937.

I last saw her alive on 9-13-37, 1937. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Chills, Media approx. 8/15/37  
Bronchopneumonia  
 Date of onset 8/15/37

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_, 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. S. Nolan M. D.  
 (Address) St. Louis County Hospital

