

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

**NOV 24 1937**

**38931**

**1. PLACE OF DEATH**

County St. Louis  
Township Sylvan  
City St. Louis (No. ...., ..... St. .... Ward)

Registration District No. 820  
Primary Registration District No. 6069

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

**2. FULL NAME**

(a) Residence, No. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Harley

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1936 to 10/14, 1937  
I last saw her alive on 10/11, 1937. Death is said to have occurred on the date stated above, at 5 p. m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/19/1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
56 2 6

Date of onset

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. ....

Chronic Endocarditis 1936  
Arterio-Sclerosis (Hypertension) 1936  
Other contributory causes of importance: 920

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Ill

Name of operation ..... Date of .....  
What test confirmed diagnosis? X Was there an autopsy? .....

FATHER 13. NAME Jacob Roadarmel  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

28. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury ..... 19.....  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Adelia Kelly  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Ill

Manner of injury X  
Nature of injury .....

17. INFORMANT Victor Harley (ADDRESS) Peckham mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE: burial DATE 10/17 1937

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Yes  
(Signed) J. A. Cline, M. D.  
(Address) Oran mo

19. UNDERTAKER (ADDRESS) J. S. Hamer Co  
20. FILED 4/9 1937 J. Wickman Registrar.

