

DEC 28 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*Registration District No. *785*Township *Bonhomme*Primary Registration District No. *6031*City *Valley Park*(No. *Valley Park*)File No. *42372*Registered No. *154*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Valley Park*

St. _____

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

John Daudle

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

Aug 27 - 1860

7. AGE

YEARS

MONTHS

DAYS

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

*30**77**2**7*

OCCUPATION

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)

Mt View Ark

MOTHER FATHER

13. NAME

B. J. Lancaster

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

Idaho

15. MAIDEN NAME

Maudie Wilson

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

Kentucky

17. INFORMANT

(ADDRESS)

*James E. Ferguson
2005 1/2 Ann St Louis*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Hill

DATE

11-6-37

19. UNDERTAKER

(ADDRESS)

*Louis J. Gopp
Larkin and 1/2 W*

20. FILED

*11-5-37**Agnes C. Kelly
Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 4th* 193722. I HEREBY CERTIFY, That I attended deceased from *Oct 30th* 1937, to *Nov 4th* 1937I last saw her alive on *Oct 30th* 1937. Death is saidto have occurred on the date stated above, at *2:20 a.m.*

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

Atherosclerosis

Date of onset

Other contributory causes of importance:

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

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? *No*

If so, specify _____

(Signed)

G. P. Deemert, M. D.(Address) *Box 62 Valley Park Mo*

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.

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