

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

Do not use this space.

+7

1. PLACE OF DEATH
 47 County Trou Registration District No. 391
 Township Acacia Primary Registration District No. 5546a
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. John York 620
 (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. 4 mos. 14 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. 2957
 Registered No. 25

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know
 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 _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 13. NAME Mr. Schall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Miss Tracy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Geo. Burney
 (ADDRESS) St. Louis, Mo. Capt. Horn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE California, Mo. DATED 2-11-38 1938

19. UNDERTAKER Williams Med. Co.
 (ADDRESS) California, Mo.

20. FILED Feb 3 1938 R. A. Ranche
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1937 to Feb. 2, 1938
 I last saw her alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus ?
 Other contributory causes of importance: Senility SA

Name of operation _____ Date of _____
 (What test confirmed diagnosis? analysis 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) R. E. Harland, M. D.
 (Address) St. Louis, 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.

RECEIVED

FEB 24 1938

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