

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.

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

7511

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1101831

Registered No. 1855

City *St Louis*(No. *St. Louis Maternity Hosp.*)

Ward.....

2. FULL NAME *Drene McGeorge*(a) Residence. No. ~~Flat~~St. *12*Ward. *Flat River, Mo.*

(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)

Married

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

Robert P. McGeorge

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

3-20-1909

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*21**10**20*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife 235

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Noblick, Mo. 1

(STATE OR COUNTRY)

10. NAME OF FATHER

B. W. Easley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn. 2

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Clara Lamonte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Doeran Mo. 1

(STATE OR COUNTRY)

14.

INFORMANT

Robert P. McGeorge

(Address)

Flat River, Mo.

15.

FEB 11 1931
FILED*Max C. Starkey*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 10 1931*17. I HEREBY CERTIFY, That I attended deceased from *2-6* 19*31*, to *2-10* 19*31*that I last saw her alive on *2-10* 19*31*, and that death occurred, on the date stated above, at *10:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eclampsia Gravidarum

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. *5* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *NO* DATE OFWAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *B. A. Bauer*, M. D.*2/10* 19*31* (Address) *630 S. Kempfle Avenue*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Flat River, Mo.

DATE OF BURIAL

Feb. 13 1931

20. UNDERTAKER

Caldwell Under

ADDRESS

Flat River, Mo.

