

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
Township..... Primary Registration District No.  
City **St. Louis** (No. **Enroute to City Hosp #1**)

File No. **26415**  
Registered No. **6573**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5238 Esplanade 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**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lawrence McCall</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov-1-1904</b>		
7. AGE	YEARS <b>24</b>	MONTHS <b>8</b>
	DAYS <b>-</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House wife</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>✓</b>	
	10. Date deceased last worked at this occupation (month and year) <b>✓</b>	11. Total time (years) spent in this occupation <b>✓</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Flat River Mo</b>		
FATHER	13. NAME <b>William Palitte</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Fredericktown Mo</b>	
MOTHER	15. MAIDEN NAME <b>Annand Golley</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>York Penn Mo</b>	
17. INFORMANT <b>Lawrence McCall</b> (ADDRESS) <b>Desloge Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Farmington Mo</b> DATE <b>July 4 1934</b>		
19. UNDERTAKER (ADDRESS) <b>Albert W. Hoppe</b> <b>227 1/2th St. Desloge</b>		
20. FILED 19 <b>34</b> Registrar <b>J. Brebeck</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1 - 1934**

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **7:30** a.m.

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

**Gunshot Wounds of Head & Abdomen**

**173 Homicide**

Other contributory causes of importance:

**173**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Homicide** Date of injury **7/1 1934**

Where did injury occur? **St. Louis Mo**  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Shot by person**

Nature of injury **Gunshot Wounds of Head & Abdomen**

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) **Dr. Lawrence McCall**, M.D.  
(Address) **1234 1/2th St. Desloge**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 15 1934

