

AUG 20 1930

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

Do not use this space.

21894

## 1. PLACE OF DEATH

County Ballwin  
Township Union  
City Ballwin

Registration District No. 68  
Primary Registration District No. 5107

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1886

7. AGE YEARS MONTHS DAYS 43 11 16 (LESS than 1 day, hrs. or min.)

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hom  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) McDonnell  
(STATE OR COUNTRY)

10. NAME OF FATHER Ruben Walth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann M. Walth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO  
(STATE OR COUNTRY)

14. INFORMANT Alfred Mudge  
(Address) Ballwin, Mo

15. FILED 8/6 1930 Sam Ballwin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930 to July 23, 1930 and that I last saw him alive on July 23, 1930 and that death occurred, on the date stated above, at 8 PM m.

## THE CAUSE OF DEATH WAS AS FOLLOWS:

urinal Puffin  
1410  
1493 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) child birth (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONFIRMED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATOR PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. H. Davis M. D.

, 19 (Address) Ballwin, Mo

\*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 joint MO

DATE OF BURIAL 7 24 19 30

20. UNDERTAKER G. & W. H. P.

ADDRESS Ballwin

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.

WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

