

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

Do not use this space.

42184

1. PLACE OF DEATH

County..... Registration District No. 72001
Township..... Primary Registration District No. 41000
City St. Louis (No. City Hospital)

File No.....
Registered No. 12057
St. Ward)

2. FULL NAME

(a) Residence, No. 1931 Oregon St. Ward. 23
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18 - 1865</u>		
7. AGE	YEARS	MONTHS
	<u>66</u>	<u>9</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>	
	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) Missouri

13. NAME George Bates

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

15. MAIDEN NAME Ann Hutchman

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE 12-4-31

19. UNDERTAKER (ADDRESS) M. Laughlin

20. FILED 313 (1931) W. H. Barker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25th, 1931, to Dec. 2nd, 1931.
I last saw her alive on Dec. 2nd, 1931. Death is said to have occurred on the date stated above, at 3.20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
Chronic Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? Chol. 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?.....
If so, specify.....
(Signed) Raymond H. Gask, M. D.
(Address) City Hospital

WHITE PLAIN, 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.

