

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

Do not use this space.

34596

1. PLACE OF DEATH

County St Louis
Township Central
City Orland

Registration District No. 789
Primary Registration District No. 6233
(No. 8975 Orland Mo.)

File No. _____
Registered No. 906
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 8975 Orland Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Solomon J. Gross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 | 1 | 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orenoville Mo.

10. NAME OF FATHER Mr. Jarvis

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Solomon J. Gross
8975 Orland Mo.

15. FILED 11/26 1927 Irma Quoy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1927 to Nov 25 1927 that I last saw her alive on Nov 24 1927, and that death occurred, on the date stated above, at Orland Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexia 95
90R 45R
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) Cardio nephritic disease
(duration) 10 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. L. Gentry M. D.

11-25, 1927 (Address) Massouri Rd.

*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 Orenoville Mo. DATE OF BURIAL 11/26 1927

20. UNDERTAKER Sheen & Dickman ADDRESS 3039 Easton

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.

1920

6

