

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 500, S. Kingshighway)

File No. 19663

Registered No. 2270

2. FULL NAME Betty Jean Daniels

(a) Residence. No. Plato Mo St. 12 Ward.

Plato Mo (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 15

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Roy Daniels

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

12. MAIDEN NAME OF MOTHER Edith Johnson

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

14. INFORMANT Infidrael (Address) 500 S. Kingshighway

15. MAY 11 1929 F.I.D. Wm. C. Standif REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-1, 1929, to 5-11, 1929, that I last saw h.e. alive on 5-11, 1929, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bacterial Pneumonia following structure of esophagus caused by swallowing by 179 F (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 116 A Accident (duration) yrs. mos. ds. 107 A

18. WHERE WAS DISEASE CONTRACTED 44 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D. 5/11, 1929 (Address) Dep. Corner

*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 Plato Mo DATE OF BURIAL May 12 1929

20. UNDERTAKER Cullen & Kelly ADDRESS 4526 - Easton Ave.

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.

WHERE SWIFT WITH CONTAINING INK—THIS IS A PERMANENT RECORD

10. 1. 1977

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