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

Do not use this space.

14675

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 4074

2. FULL NAME 20036 Naomi Daniels

(a) Residence. No. 3886 Washington St. 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 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): Separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1911

7. AGE: Years 18 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Amsewood

(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): Oklahoma

PARENTS

10. NAME OF FATHER: Henry Rogers.

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

12. MAIDEN NAME OF MOTHER: Marie Tommel

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

14. INFORMANT: C. Rimm
(Address) City Hospital

15. FILED Feb 23 1930 19 ..... Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1930, to April 1, 1930, that I last saw her alive on April 1, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Left Lower) 35A 108

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Gonococcus Bilateral Salpingitis (Bilateral Salpingectomy) 3-28-30 (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3886 Washington

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 28, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Benj. Margulois, M. D.

4/1, 1930 (Address) City Hospital

*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: POTTERS FIELD. DATE OF BURIAL: 4-24-1930

20. UNDERTAKER: E. Sharron 1426 ADDRESS: Laval

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.

Daniels