

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

Do not use this space.

27733

1. PLACE OF DEATH

County
Township
City (No.)

Registration District No.

Primary Registration District No.
ISOLATION HOSPITAL

File No.
Registered No. **7559**
St. Ward)

2. FULL NAME

(a) Residence, No. **4338a** **Easton Ave.**, Ward. **11**

(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Caucasian** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27 1927**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 10 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) **Mo**

13. NAME **T. Mathis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo. S.S.**

15. MAIDEN NAME **Anna Goddard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo. S.S.**

17. INFORMANT (ADDRESS) **ISOLATION HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis** DATE **Aug. 20 1932**

19. UNDERTAKER (ADDRESS) **St. Louis**

20. FILED **AUG 18 1932** **St. Louis** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 18 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 17 1932** to **Aug 18 1932**

I last saw him alive on **Aug 18 1932** Death is said to have occurred on the date stated above, at **1:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Diphtheria, Nasal & Faucial Date of onset **8-15**

Streptococcus Sore throat **8-15**

SA

Other contributory causes of importance **Acute Toxic Myocarditis** **8-18**

Cervical adenitis **8-17**

Name of operation **none** Date of **Mo**

What test confirmed diagnosis **Microscopic studies** Was there an autopsy? **Mo**

23. If death was due to external causes (violence), fill in under the following: Accident, suicide, or homicide? **Mo** 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) **John Schumacher, D.**

(Address) **ISOLATION HOSPITAL**

WRITE PLAINLY, 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.

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