

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City Rockwood (No. 421)

Registration District No. 785
Primary Registration District No. 3037
So. Harrison

File No. 30756
Registered No. 221
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 421 So. Harrison 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE caid 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19 - 1858

7. AGE YEARS 75 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Grantsgo La.

13. NAME John Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Jane Legitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Lucille Bell (ADDRESS) 4101 So. Harrison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE 9-28-1933

19. UNDERTAKER J. C. Lewis (ADDRESS) Westcenter Groves

20. FILED 9/28 1933 L. C. Barnum Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1933 to Sept 25th 1933

I last saw her alive on Sept 20th 1933 Death is said

to have occurred on the date stated above, at 3:50 p.m.

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

Valvular disease of heart 1929
92A
82A

Other contributory causes of importance: Cerebral haemorrhage Sept 25 1933

Name of operation am Date of _____

What test confirmed diagnosis? _____ 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) Henry D. ... M. D.

(Address) 125 E. Adams Rockwood

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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