

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

Do not use this space.

MAY 25 1934

14609

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 1440 Madison St.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3795 St. Ward)

2. FULL NAME Harriet Sannell

(a) Residence, No. 1440 Madison St. St. 26 Ward.

(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

V MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 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) July 15 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 -

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

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) St. Louis Mo.

13. NAME Frank M. Putman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

15. MAIDEN NAME Clara E. Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

17. INFORMANT Clara E. Sullivan

(ADDRESS) 1440 Madison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Michigan DATE April 16, 1934

19. UNDERTAKER Hy. Leidner Undert. Co.

(ADDRESS) 1417 N. Market St.

20. FILED LD 33 1034 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1934, to Apr. 15, 1934

I last saw h. & R. alive on Mar. 31, 1934. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic myocarditis (acute dilatation)

Date of onset 1924

Other contributory causes of importance: 930 930 930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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? No

If so, specify (Signed) W. D. Hammond, M. D.

(Address) 21 Yale 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.

