

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.

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

SFD 13 1934

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis, Mo.* (No.)

31186
File No.
Registered No. **8486**
St. Ward)

2. FULL NAME

Marguerite P. Wellings
(a) Residence, No. *3511 Laclede* St. *21* 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Wid.</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 29, 1867</i>		
7. AGE YEARS <i>67</i>	MONTHS <i>—</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>		11. Total time (years) spent in this occupation
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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La*

13. NAME *H. P. Morancy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Emelyn Young*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

17. INFORMANT *Corrine Jones*
(ADDRESS) *3511 Laclede*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Peter's Cem.* DATE *Aug. 22 '34*

19. UNDERTAKER *Joe H. Harrison*
(ADDRESS) *2900 Landon*

20. FILED *115 20* 19 *34*
J. Bredick
Registrar.

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 19, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1934* to *August 19, 1934*
I last saw *her* alive on *Aug 16, 1934* Death is said to have occurred on the date stated above, at *12* m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
97A
106B
Q 2a
Other contributory causes of importance:
acute bronchitis

Name of operation Date of
What test confirmed diagnosis *clinical* as 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) *J. D. Urdich*, M. D.
(Address) *St. Louis Mo*

