

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No.....

10725

Township.....

Primary Registration District No.....

1003

Registered No.....

3299

City St. Louis (No.)

City Hospital No. 1

St. Ward)

B. 17734 Baby Poole

2. FULL NAME

(a) Residence, No. 1721 Geyer St. 23 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 white 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) March 13, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. stillborn

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

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) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Vergil Poole

14. BIRTHPLACE (CITY OR TOWN) Cardville, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Nellie Pole

16. BIRTHPLACE (CITY OR TOWN) New Madrid Missouri (STATE OR COUNTRY)

17. INFORMANT Hosp: Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3/25/37

19. UNDERTAKER Royal The Funerary City (ADDRESS)

20. FILED MAR 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/37 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13/37 19. to 3/13/37 19.

I last saw her alive on 3/13/37 19. Death is said

to have occurred on the date stated above, at 5.20 p.m.

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

Stillborn Infant Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?

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) H. B. Rowland, M. D.

(Address) City Hospital No. 1

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part is a list of the names of the members of the committee.

3. The third part is a list of the names of the members of the committee.

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