

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23474

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1008  
 (c) City ..... (d) Street No. 3000<sup>4</sup> Hickory St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

6168

## 2. PRINT FULL NAME

(a) Residence, No. 3000<sup>4</sup> Hickory St. 18 (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (writes the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 24, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 62 3 15 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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) Montgomery Mo

FATHER 13. NAME BRADFORD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FULTON, MO - MO

MOTHER 15. MAIDEN NAME Mollie STEAVENS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Mo

17. INFORMANT VALLIE ROBINSON (ADDRESS) 3000<sup>4</sup> HICKORY

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-12, 1938

19. FUNERAL DIRECTOR (NAME) WATSON, and SON (ADDRESS) 2769 CHOUTEAU, AVE

20. FILED JUL 11 1938 J. B. Bredek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to July 9, 1938

I last saw her alive on 7-8, 1938. Death is said to have occurred on the date stated above, at 5:10 a. m.

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

Ch. myocardialis  
 Ch. nephritis  
 Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? Cholesterol 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? ho  
 If so, specify .....

(Signed) ..... M. D.

(Address) 2836<sup>9</sup> Chouteau

AUG 12 1938

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Shirley J. Watson*

Licensed Embalmer No.

*2698*

P. O. Address

*2769 Thouteau*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

23474

Do not use this space.

1. PLACE OF DEATH *St Louis*
- (a) County *St Louis* Registration District No. *791*  
(b) Township..... Primary Registration District No. *1003* Registered No. *6168*  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred..... mos., ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Sarah Roberson*
- (a) Residence, No.  St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *C.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*62 3 18-*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *HOUSEWORK*  
9. Industry or business in which work was done, as saw mill, bank, etc. *AT HOME*  
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *SEP - 2 1933* *J. B. Bredeek* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-9 1938*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

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

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

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) *J. B. Bredeek*, M. D.

(Address) *St Louis*

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

SUPPLEMENTARY

