

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

Do not use this space.

34475

1. PLACE OF DEATH

County MONTEAU Registration District No. 1095
 Township MOREAU Primary Registration District No. 4346 5 470
 City St. Louis (No.) St. Ward)

2. FULL NAME

Frances Jane Badwell
 (a) Residence. No. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) marriage

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER John T. ...

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER John Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

14. INFORMANT Mrs Lydia Parish
 (Address) Charlesburg

15. FILED 10.20 19.29 J. C. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15-1929

17. I HEREBY CERTIFY That I attended deceased from 9-10-1929 to 9-15-1929
 that I last saw him alive on 9-15-1929 and that death occurred, on the date stated above, at 9-35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute yellow atrophy of the liver

12.5 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1/20 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. R. Pottery, M. D.
10-16 1929 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Louis Oct 17 1929

20. UNDERTAKER ADDRESS

St. Louis California

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.

68
68
1929

