

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

Do not use this space.

29900

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City **St. Louis Mo** (No. _____) City **City Hospital # 2** St. _____ Ward _____

File No. _____
 Registered No. **8953**

2. FULL NAME

(a) Residence, No. **14053** **Widdle** St. **25** Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **12** 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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Davis		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1901		
7. AGE	YEARS 29	MONTHS 10
	DAYS 26	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress	11. Total time (years) spent in this occupation Unknown
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) St. Louis Mo City Hospital # 2		
18. BURIAL, CREMATION, OR REMOVAL PLACE Florence Ala DATE 9/21 19 51		
19. UNDERTAKER (ADDRESS) Peoples Home Co 315th Franklin St		
20. FILED 99 21 100 Max C. [unclear] Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-19**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **7-28**, 19**31**, to **8-19**, 19**31**.
 I last saw him alive on **8-19**, 19**31**. 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:
34
710
34
 Other contributory causes of importance: _____
Secondary Cancer
 Name of operation _____ Date of _____
 What test confirmed diagnosis? **Biopsy** 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?
 If so, specify _____
 (Signed) **C. M. Smith** M. D.
 (Address) **City Hospital # 2**

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.

9. 11