

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

Do not use this space.

1. PLACE OF DEATH *Barnes Hospital* 791  
 County..... Registration District No. 1008  
 Township..... Primary Registration District No.  
 City *St. Louis* (No. *Barnes Hosp.*) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *Pearlie Wade*  
 (a) Residence, No. *Deumaine, Ill.* St. *12* Ward. *Coeper- Ill.*  
 (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.

File No. **32675**  
 Registered No. **9533**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *not known*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*ab 53*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
 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) (STATE OR COUNTRY) *ala.*  
 FATHER 13. NAME *Issiah Miller*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss.*  
 MOTHER 15. MAIDEN NAME *not known*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*  
 17. INFORMANT *Luther Miller*  
 (ADDRESS) *Montlock*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Deumaine, Ill.* DATE *Sept 11, 1931*  
 19. UNDERTAKER *Dope & English*  
 (ADDRESS) *2931*  
 20. FILED *SEP 10 1931* 19 *W. H. Stanley* Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-7* 19*31*  
 22. I HEREBY CERTIFY, That I attended deceased from *8-29* 19*31*, to *9-7* 19*31*  
 I last saw her alive on *9-7* 19*31* Death is said to have occurred on the date stated above, at *3:25 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Intra-cerebral abscess* Date of onset \_\_\_\_\_  
*Sepsis (?)*  
*Cause of Abscess unknown*  
 Other contributory causes of importance:  
*Diabetes Mellitus* 12 *26*  
 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 \_\_\_\_\_  
 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) *W. H. Stanley* M. D.  
 (Address) *600 So. Kingshighway*

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.

