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.

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

Do not use this space.

42384

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12291

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Julia Smith

(a) Residence, No. 20 N. Compton St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1853

7. AGE: YEARS 78 | MONTHS 9 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hwk

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 Austin Hogan

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) A. Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Dec 12 1931

19. UNDERTAKER (ADDRESS) Pope and English 3931 Lindell Ave

20. FILED DEC 17 1931 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8- , 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1931, to 12-8-, 1931

I last saw her alive on 12-8, 1931 Death is said to have occurred on the date stated above, at 4:25 a.m.

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

	Date of onset
Chronic Nephritis	3 Wells
186A 194B 131 1860	
Other contributory causes of importance:	
Fracture of Rt Hip caused by falling down in home	6 wks

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

What test confirmed diagnosis? Clin Lab X Ray 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. fall to the floor at home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry E Hampton, M. D.

(Address) City Hospital #2