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.

File No. 14849

Registered No. 4248

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

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

2. FULL NAME Agnes Oliver

(a) Residence, No. 903 N. Cardinal St., 21 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1912

7. AGE: Years 19 | Months 4 | Days 22 | 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. Housewife

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 John Humphrey

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

MOTHER

15. MAIDEN NAME Annie Eaton

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

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

18. BURIAL, CREMATION, OR REMOVAL

PLACE East St Louis DATE 5-1 1932

19. UNDERTAKER (ADDRESS) R M Green 3817 Easton Ave

20. FILED MAY 1 1932 Mary C Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1932, to 4-29, 1932

I last saw her alive on 4-29, 1932. Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
145H	
145B Eclampsia (Puerperal)	4 days
129	
145	

Other contributory causes of importance:

Puerperal Sepsis	9 days
Premature delivery of a baby	

Name of operation Factory 4-12-32 Date of .....

What test confirmed diagnosis? Clinical 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) Henry C Stampton, M. D.

(Address) City Hospital #2