

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

Do not use this space.

14870

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No.) St. Ward)

File No.
 Registered No. **4273**

2. FULL NAME

Willie Bell French
 (a) Residence, No. 2947 La Clede Ave. St. 18 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED married
 HUSBAND OF Charles French
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1903
 7. AGE YEARS 29 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work by day
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 274
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Maryanna Arkansas
 (STATE OR COUNTRY)

MOTHER 13. NAME Sue Waley

14. BIRTHPLACE (CITY OR TOWN) Maryanna Arkansas
 (STATE OR COUNTRY)

15. MAIDEN NAME Carrie Massey

16. BIRTHPLACE (CITY OR TOWN) Maryanna Arkansas
 (STATE OR COUNTRY)

17. INFORMANT Sue Waley
 (ADDRESS) 2947 La Clede Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickson DATE May 2 1932

19. UNDERTAKER Princess Jones
 (ADDRESS) 329 Lillian Ave

20. FILED MAY 2 1932 W. J. Stanley
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-24 1932 to 4-25 1932
 I last saw her alive on 4-25 1932 Death is said to have occurred on the date stated above, at 3:30 pm
 The principal cause of death and related causes of importance were as follows:
Acute Broncho Pneumonia Date of onset 4-24-1932

Other contributory causes of importance:
Exposure to cold (D)

Name of operation..... none 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..... 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) Dr. Roy Rabbs M. D.
 (Address) 117 N. Jackson Ave.

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.

