

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

Do not use this space.

21396

1. PLACE OF DEATH

County..... Registration District No. 721
 Township..... Primary Registration District No. 2
 City St. Louis Mo (No. City Hospital 2)
 St. Ward)

File No.
 Registered No. 5955
 St. Ward)

2. FULL NAME

(a) Residence, No. 14187 Garrison St. 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-1-1897</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>2</u>
		DAYS
		<u>21</u>
		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. <u>Dept 235</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unk</u>	
	11. Total time (years) spent in this occupation <u>unk</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Mo</u>		
MOTHER	13. NAME <u>Lie Charleston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
	15. MAIDEN NAME <u>Ada Ferguson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT <u>A. H. ...</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington ...</u>		
19. UNDERTAKER (ADDRESS) <u>Charles J. ...</u>		
20. FILED <u>LN 23 1932</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1932 to 6-22 1932

I last saw her alive on 6-22 1932 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance:

23A

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

What test confirmed diagnosis? Microscopic 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 no

(Signed) 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.

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