

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.

24601

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 300  
City St. Louis (No. City, Hospital)

File No. ....  
Registered No. 6740  
St. 1 Ward)

4261  
2. FULL NAME Julia O Hartwright

(a) Residence, No. 4145 21. Bell St. 11 Ward  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 6 3

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil  
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) Washington Co.  
(STATE OR COUNTRY) Miss.

FATHER  
13. NAME Jesse H. Hames

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

MOTHER  
15. MAIDEN NAME Nora Lee Grant

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

17. INFORMANT Hospital Information  
(ADDRESS) City of Hospital

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis DATE 7-13 1932

19. UNDERTAKER Walter Richter  
(ADDRESS) 3540 Rutledge St.

20. FILED 21 1932  
Max C. Stovall  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 12, 1932 to July 4, 1932  
I last saw her alive on July 4, 1932 Death is said to have occurred on the date stated above, at 5 o' am  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 6-12-32

ZBA  
84 23 (1)

Other contributory causes of importance:  
Toxic Psychosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Tub. & X-Ray Was there an autopsy? 90

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 Arthur C. Hines  
(Signed) Arthur C. Hines M. D.  
(Address) City Hospital

Cartwright