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

Do not use this space.

24983

File No. .....

Registered No. 7336

1. PLACE OF DEATH

County ..... Registration District No. 721

Township ..... Primary Registration District No. 1122

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

2. FULL NAME Mildred Overshawn

(a) Residence, No. 908 Market St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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)~~: Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1904

7. AGE: YEARS 28 | MONTHS 1 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 192
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Entertainer
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) St Louis Mo

FATHER

13. NAME Charles Overshawn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Bell Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE 8/10 1932

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Lucas Ave.

20. FILED AUG -9 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1932 to 7-26- 1932

I last saw her alive on 7-26 1932 Death is said to have occurred on the date stated above, at 7 28 m.

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

23A

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: [signature]

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

What test confirmed diagnosis? Clin Sob 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) C M Smith, M. D.

(Address) City Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2