

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

Do not use this space.

37864

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** No. **2904** **Morgan** St. .... Ward)

File No. ....  
Registered No. **10570**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **2904 Morgan** 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 <b>Female</b>	4. COLOR OR RACE <b>Col</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 3, 1868</b>				
7. AGE	YEARS <b>64</b>	MONTHS <b>8</b>	DAYS <b>22</b>	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. <b>Domestic 235</b>			
	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) <b>Wellsville Mo.</b>				
MOTHER FATHER	13: NAME <b>Weszikiah Hawkins</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Washington 31</b>			
	15. MAIDEN NAME <b>Melina Clark</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>			
17. INFORMANT <b>Maggi Morris</b> (ADDRESS) <b>2904 Morgan</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington Park</b> DATE <b>11-29</b> 19 <b>32</b>				
19. UNDERTAKER <b>A. J. (Bullie) Walton</b> (ADDRESS) <b>2701 Stoddard St</b>				
20. FILED <b>NOV 29 1932</b> <b>Max C. Starkey</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-25** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **9/25** 19**32** to **11/25** 19**32**  
I last saw her alive on **11/24** 19**32** Death is said to have occurred on the date stated above, at **11 PM**  
The principal cause of death and related causes of importance were as follows:  
**Anemia**  
**131**  
**1900 131**  
Date of onset

Other contributory causes of importance:  
**Chronic Interstitial nephritis**

Name of operation..... Date of.....  
What test confirmed diagnosis? **urine** 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) **Chas E. Sperry**, M. D.  
(Address) **4322 E. 24th**

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.

