

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.

11951

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 2613a N. Leffingwell

File No.....

Registered No.....

St. 20 Ward) 3074

2. FULL NAME Nettie Witherspoon

(a) Residence, No. 2613a N. Leffingwellst. 20 Ward.

(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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Abt. 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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)..... Columbia
 (STATE OR COUNTRY) Tennessee

MOTHER FATHER 13. NAME Tom Lane

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Edward Witherspoon
 (ADDRESS) 2613a N. Leffingwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4/2 1933

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

20. FILED AR 31 1933 W. C. Hartman
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1933 to March 28, 1933
 I last saw her alive on March 27, 1933. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:
 Date of onset 1

Hemiplegia (left side)
Blood clot in brain
97A
87D
57A
 Other contributory causes of importance: Rheumatism chronic

Name of operation No 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? No 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) J. E. Hunt M. D.
 (Address) 423 N. Jefferson Ave

