

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.

OCT 20 1933

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

Do not use this space.

31429

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo (No.) St. Ward)

File No.....
Registered No. 8097

2. FULL NAME

(a) Residence, No. Eliza Heard St. 1710 Quaker 27 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clifton Heard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1899</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>10</u>	DAYS <u>30</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wool Factory</u>
	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) (STATE OR COUNTRY)
Mississippi

MOTHER FATHER
13. NAME Gus Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Arkansas

MOTHER FATHER
15. MAIDEN NAME Ana
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

17. INFORMANT Hena Burns
(ADDRESS) 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickson DATE Sept 18 1933

19. UNDERTAKER Woods Funeral Home
(ADDRESS) 2827

20. FILED SEP 16 1933
Registrar. J. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1933, to Sept. 12, 1933
I last saw him/her alive on Sept. 12, 1933. Death is said to have occurred on the date stated above, at 8:55 A. M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset not
23 A 1932
107 A
Other contributory causes of importance:
Bronchopneumonia Sept 1933

Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Henry J. Clark, M. D.
(Address) ISOLATION HOSPITAL

