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

Do not use this space.

317[illegible]

File No. 8450

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

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

2. FULL NAME Julia Scott

(a) Residence, No. 119 So Beaumont 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 20 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	22	

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. Hswk

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) Ill

FATHER

13. NAME Richard Fletcher

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

MOTHER

15. MAIDEN NAME Jane ?

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

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

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Oct 2, 1933

19. UNDERTAKER (ADDRESS) F. A. Greene 2915 Franklin Ave.

20. FILED OCT 20 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1933, to 9-28-, 1933

I last saw her alive on 9-28, 1933 Death is said to have occurred on the date stated above, at 12 A.M.

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

82 R

102

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension

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

What test confirmed diagnosis? Clin Lab 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) R. Smith, M. D.

(Address) City Hospital #2