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.

NOV 10 1933

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

Do not use this space.

34687

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 8849

2. FULL NAME Hallie McCellan

(a) Residence, No. 309 Carrol St., 23 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 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 Henry McCellan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1908

7. AGE — YEARS 25 — MONTHS 3 — DAYS 24 — 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. Housewife

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 COUNTY) Brooksville Miss.

FATHER

13. NAME John Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Brooksville Miss

MOTHER

15. MAIDEN NAME Rosa Nash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Brooksville Miss

17. INFORMANT (ADDRESS) Henry McCellan 309 Carrol St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bookers Washington DATE 10-15, 1933

19. UNDERTAKER (ADDRESS) W. S. Wade Undertaking 4202 Finney Ave.

20. FILED 13 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-6th, 1933, to Oct-9th, 1933

I last saw him alive on Oct-6th, 1933. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Pulmonary Tuberculosis — Date of onset

23 P

Other contributory causes of importance:

Name of operation no — Date of no

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury no, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify .....

(Signed) Erskine D. Johnson, M. D.

(Address) 3100 Lucas Ave.