

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

Do not use this space.

34819

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1006
 City St. Louis (No. 918 Elliot Ave) St. _____ Ward _____

File No. _____
 Registered No. 8990
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 918 Elliot St. 21 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 <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bennie Booth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1903</u>				
7. AGE	YEARS <u>29</u>	MONTHS <u>9</u>	DAYS <u>17</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>Housewife</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) <u>La</u>				
MOTHER	13. NAME <u>Jim Straughter</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>			
	15. MAIDEN NAME <u>Matie Mitchel</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>			
	17. INFORMANT <u>Bennie Booth</u>			
	(ADDRESS) <u>918 Elliot</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Oct 17</u> 19 <u>33</u>				
19. UNDERTAKER <u>Dement - son</u>				
(ADDRESS) <u>2700 Wash St</u>				
20. FILED <u>OCT 18 1933</u> <u>J. H. Biedeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 13 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to Oct 10 1933
 I last saw him alive on 10 - 7 1933. Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23A

Other contributory causes of importance:
23

Name of operation _____ 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? _____ Date of injury _____, 1933
 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? No
 If so, specify _____
 (Signed) J. H. Nickerson M. D.
 (Address) 2200 N. Franklin Ave

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.

NOV 10 1933

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