

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

Do not use this space.

38534

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 22
City St. Louis (No. 1360, Slagov) _____ St. _____ Ward _____

File No. _____
Registered No. 10198
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1360 Slagov 21 Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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 colod. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vernie Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>35</u>	<u>2</u>	<u>14</u>	

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

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) Natchez Miss

13. NAME James Hubbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

15. MAIDEN NAME Mahulda Tyler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

17. INFORMANT Tarnie Brooks
(ADDRESS) 1360 Slagov

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dixon DATE Nov. 27 1933

19. UNDERTAKER S. J. ...
(ADDRESS) 74 ...

20. FILED _____ 19 _____
J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1933, to Nov 19 1933

I last saw him alive on Nov 17 1933. Death is said

to have occurred on the date stated above, at 2.15 m.

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

Chronic parenchymatous Date of onset _____

Nephritis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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? _____ 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) Vincent J. ... M. D.

(Address) 2535 ...

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.

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