

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City St. Louis (No. 1026 East Euclid Pl. St. 7 Ward) File No. **2698**  
 Registered No. **321**

**2. FULL NAME**

(a) Residence, No. 1026 E. Euclid Pl. St. 7 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>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28, 1875</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>3</u>
		DAYS
		<u>8</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>Landlady</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Landlady</u>	
	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>Mississippi</u>		
MOTHER	13. NAME <u>George Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
	15. MAIDEN NAME <u>W.E.B.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
17. INFORMANT (ADDRESS) <u>1026 E. Euclid Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>1-10-1934</u>		
19. UNDERTAKER (ADDRESS) <u>1419 1/2 E. Euclid Pl.</u>		
20. FILED <u>1934</u>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept. 29, 1933 to Jan. 6, 1934

I last saw her alive on Jan. 6, 1934 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Left Lateral Paraly - 9-29-33  
due to a degenerative condition  
of the brain

Other contributory causes of importance  
none

Name of operation none Date of.....

What test confirmed diagnosis? none 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? no  
 If so, specify none

(Signed) Wm. Johnson M. D.  
 (Address) 4037a Broadway Ave.

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.

DEPARTMENT RECORD

