

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.

FEB 27 1934

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

Do not use this space.

3433
~~501~~
351

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo

Registration District No. 791
1003

File No.
Registered No. 1127
Ward

2. FULL NAME

(a) Residence, No. 4310 of Curright 11 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1933

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

OCCUPATION

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

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) St. Louis Mo

MOTHER FATHER 13. NAME Willie Smith unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo unk

15. MAIDEN NAME Beatrice Jackson

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

17. INFORMANT (ADDRESS) J. Perkins 2845 - Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE POTTERS FIELD DATE Jan 30 1934

19. UNDERTAKER (ADDRESS) Strafford City Hosp

20. FILED Jan 30 1934 J. H. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-34

22. I HEREBY CERTIFY, That I attended deceased from 12-30-33, 1933, to 1-1-34, 1934

I last saw h. alive on 1-1-34, 1934. Death is said to have occurred on the date stated above, at 1:09 a.m.

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

New born

159

159

Other contributory causes of importance

Premature

Date of onset 11-30-33

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..... 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) Larry W. Hampton M. D.
(Address) 2945 - Lawton Blvd

4-24-33

12-30-33