

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....

Township.....

City *St Louis, Mo*

Registration District No. **791**
1003

Primary Registration District No. *2945 - Lawson Bhd City*

File No. **6627**

Registered No. **1472**

2. FULL NAME

(a) Residence, No. *904 R. Case Ave* Ward *25*
(Usual place of abode)

Length of residence in city or town where death occurred *23* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-6-1888*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>46</i>	<i>1</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Work*

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) *Oklahoma*

13. NAME *Lawson Pope*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

15. MAIDEN NAME *Winnie Pope*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

17. INFORMANT *Lesz Hornback* (ADDRESS) *904 R. Case Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portau Okla.* DATE *Feb 11 1934*

19. UNDERTAKER *Cunningham Bros* (ADDRESS) *3744 Watsons place*

20. FILED *10* 19 *J. Bredeck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-5-1934*

22. I HEREBY CERTIFY, That I attended deceased from *1-30-1934*, to *2-5-1934*

I last saw him alive on *2-5-1934*. Death is said to have occurred on the date stated above, at *8:35 P* m.

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

Lobar Pneumonia Date of onset *1-30-33*

Other contributory causes of importance *Diabetes Mellitus*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Henry W. Hampton* M. D.

(Address) *2945 - Lawson Bhd.*

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.

