

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

Do not use this space.

APR 25-1934

PLACE OF DEATH *St. Louis*
 County *St. Louis*
 Township *St. Louis*
 City *St. Louis* (No. *3914 Aldene*)

Registration District No. **791**
1003
 Primary Registration District No. *3914 Aldene*

File No. **7237**
 Registered No. **2121**
 St. _____ Ward _____

2. FULL NAME *Barbara Jean Cable*
 (a) Residence, No. *3914 Aldene* St. *11* 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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 17, 1931</i>		
7. AGE	YEARS	MONTHS
<i>2</i>	<i>x</i>	<i>2</i>
		DAYS
		<i>23</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>x x x</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>x x x</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <i>x x</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER FATHER
 13. NAME *John Cable*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 15. MAIDEN NAME *Leagie Robinson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Leagie Cable*
 (ADDRESS) *3914 Aldene*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Golden Dickerson Cent* DATE *3/1* 1934

19. UNDERTAKER *Emmett Hoag*
 (ADDRESS) *3436 Landon*

20. FILED *MAR 1 1934*
J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 10, 1934*
 22. I HEREBY CERTIFY That I attended deceased from *Feb. 6* 19*34* to *Feb. 10* 19*34*
 I last saw her alive on *Feb. 10* 19*34* Death is said to have occurred on the date stated above, at *4:30 a. m.*

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset *Feb. 4, 1934*
100
 Other contributory causes of importance:

Name of operation *None* Date of _____
 What test confirmed diagnosis *Physical* Was there an autopsy? *no*

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? *no* 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 _____
 (Signed) *W. T. McQuinn* M. D.
 (Address) *1513 Loodle*

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.

