

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

Do not use this space.

10946

APR 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No.) St. Ward (No.)

File No.
 Registered No. **2801**

2. FULL NAME

(a) Residence, No. 1911 Biddle St., 21 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>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1933</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>10</u>
	DAYS <u>9</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>tail</u>	
	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.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1934, to Mar. 19, 1934
 I last saw him alive on Mar. 19, 1934. Death is said to have occurred on the date stated above, at 10 ^A m.
 The principal cause of death and related causes of importance were as follows:
Pertussis
Bronchopneumonia
9
 Other contributory causes of importance:

 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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.....
 (Signed) See H. Esom M. D.
ISOLATION HOSPITAL
 (Address).....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME Tom Henley

14. BIRTHPLACE (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY)

15. MAIDEN NAME Elmer Woodford

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

17. INFORMANT Leona Burns
 (ADDRESS) 1560 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Ave Cemetery DATE March 23, 1934

19. UNDERTAKER James Hudson
 (ADDRESS) 2736

20. FILED 147 20 10, 1934
J. Bredek
 Registrar.

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.

THIS IS A PERMANENT RECORD

