

MAY 25 1934

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**

Township

Primary Registration District No. **1093**

City

No. **2945 - Lawton Blvd** City **St. Louis** (If nonresident, give city or town and State)File No. **14282**Registered No. **3453**St. **2** Ward)

2. FULL NAME

(a) Residence, No. **240 - S - Beaumont** Ward **21**
(Usual place of abode)Length of residence in city or town where death occurred **20** 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>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>12-2-1869</i>		
7. AGE	YEARS <i>64</i>	MONTHS <i>4</i>
	DAYS <i>2</i>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <i>Nil</i>	
	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) <i>Tenn.</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>	
	15. MAIDEN NAME <i>Charlotte Nance</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>	
	17. INFORMANT (ADDRESS) <i>Guby Perdeaux 2945 - Lawton</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>April 7 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Chas. J. Gates 4107 Winney Ave.</i>		
20. FILED <i>-j 15.14 1934</i> <i>B. Brudeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3** *4-4-1934*22. I HEREBY CERTIFY, That I attended deceased from **3-5-1934**, to **4-4-1934**I last saw her alive on **4-4-1934**. Death is saidto have occurred on the date stated above, at **1:10 A.M.**

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

*Pneumonia*Date of onset
3-5-34

Other contributory causes of importance

Hypertension Semility

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) *Henry H. Hampton, D.*(Address) *2945 - Lawton Blvd.*

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.

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