

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. 1003
City St. Louis Mo (No. Maturity Hospital)

File No. 14336
Registered No. 3508
St. Ward)

2. FULL NAME

(a) Residence, No. 1429 1/2 Franklin Ave 25 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 31

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

Housewife

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)

Simpson County Miss

13. NAME

Peter Tuckers

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

Miss

15. MAIDEN NAME

Mary Lockhart

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

Miss

17. INFORMANT (ADDRESS)

James Williams
1429 1/2 Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE April 9th 1934

19. UNDERTAKER (ADDRESS)

A. L. Beal and Co
2726 Lucas Ave

20. FILED

Filed May 25 1934
J. W. Redick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 193422. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 to April 4, 1934I last saw her alive on April 4, 1934 Death is saidto have occurred on the date stated above, at 12:00 A.M. moon

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

Pulmonary congestion - Rt Lung Date of onset 4-1-34
Pulmonary atelectasis - Left Lung
1897
1898
1899

Other contributory causes of importance:

Toxemia of PregnancyName of operation Parturition Date of 3-31-34What test confirmed diagnosis? autopsy 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? NO

If so, specify

(Signed) W. C. Forrester, M. D.(Address) 630 S. Kingshighway

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.

MISSOURI STATE BOARD OF HEALTH - PERMANENT RECORD

