

**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. *St. Marys Infirmary*)

File No. **18685**

Registered No. **5181**

St. Ward)

2. FULL NAME

(a) Residence, No. *10461 Webster* 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 *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED - (write the word) *New-born*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *New-born*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. *Newborn live only 17 min.*

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME *John Willie Jennings*

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

15. MAIDEN NAME *Annie Clark*

16. BIRTHPLACE (CITY OR TOWN) *Hickman* (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Jos Willie Jennings* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **POTTERS FIELD** DATE *May 24 1934*

19. UNDERTAKER *Edward J. Jackson* (ADDRESS) *City Wash #1*

20. FILED *May 23 1934* *J. F. Thebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8 - 1934*

22. I HEREBY CERTIFY, That I attended ^{the} deceased from *delivery of premature* 1934 *9:12 P.M. May 8 - 1934* that *she* lived *17 min.* 1934. Death is said to have occurred on the date stated above, at *9:27 p. m.*

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

premature delivery about 6 mo. female infant.

Other contributory causes of importance:

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) *R. W. White*, M. D.

(Address) *St. Marys Infirmary*

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.

JUN 19 1934

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