

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. **2945 - Rawlston Phd City Miss**) (Ward) **5423**

2. FULL NAME

(a) Residence, No. **2931 - Caston 21** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **33** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*print the word*) **Widow**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1st 1876**
7. AGE YEARS **58** MONTHS **-** DAYS **19** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Janitor**
10. Date deceased last worked at this occupation (month and year) **Jan 1st 1911** 11. Total time (years) spent in this occupation **19**

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

13. NAME **Perry Broadnax**

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

15. MAIDEN NAME **Carlie Washington**

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

17. INFORMANT (ADDRESS) **Perry Broadnax 2945 Rawlston Phd**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **5-28** 19. **1934**

19. UNDERTAKER (ADDRESS) **Walter Richter 3500 Rutger St**
J. H. Deedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-20-1934**

22. I HEREBY CERTIFY, That I attended deceased from **5-6-1934**, to **5-20-1934**
I last saw her alive on **5-20-1934** Death is said to have occurred on the date stated above, at **1:00 a.m.**

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

Broncho-pneumonia Date of onset **9:30 a.m. 5-18-34**
Chronic Myocarditis

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 **Henry H. Hampton** (Signed) **2945 - Rawlston Phd** (Address)

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

29220

THE
AMERICAN
ASSOCIATION
OF
UNIVERSITY
TEACHERS