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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22131

1. PLACE OF DEATH

County 1 — Registration District No. 791 — File No. 5902

Township N — Primary Registration District No. 1003 — Registered No.

City St Louis — No. 1456 Affolan Ofallon St. Ward)

2. FULL NAME Pearl ~~Bennett~~ Woods

(a) Residence, No. 1456 Ofolan St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 col — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE About 3 P — YEARS — MONTHS — DAYS — 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. Housekeeper

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) Anguilla Miss

FATHER

13. NAME William Bennett

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

MOTHER

15. MAIDEN NAME Pearl Bennett

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

17. INFORMANT (ADDRESS) Annie Bartey 1413 Blair Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickerson Cemet DATE 6-15-34

19. UNDERTAKER (ADDRESS) Watson and Son 2769 Chouteau Ave

20. FILED 11 1 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934, to June 8 1934

I last saw her alive on June 8 1934 Death is said to have occurred on the date stated above, at 3 P m.

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

23A Pulmonary Consumption — Date of onset

Other contributory causes of importance: 53

Name of operation — Date of —

What test confirmed diagnosis? Laboratory 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? No

If so, specify

(Signed) F. E. Walthall, M. D.

(Address) 1001 B Jefferson