

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St Louis  
Township .....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 1737<sup>a</sup> N. 11<sup>st</sup>)

File No. 26751  
Registered No. 6945  
St. .... Ward)

**2. FULL NAME**

Hattie Hood Newman  
(a) Residence, No. 1737<sup>a</sup> N. Eleventh 26 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. 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) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 49

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

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) Ala

13. NAME Carol Johnson

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

15. MAIDEN NAME Cydia Thomas

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

17. INFORMANT Charley Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE July 16<sup>th</sup> 1934

19. UNDERTAKER A. L. Beal (ADDRESS) 2727 Union Ave

20. FILED 11 16 1934 J. F. Bredeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to June 22, 1934

I last saw her alive on June 22, 1934 Death is said to have occurred on the date stated above, at 9 P.M.

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

Ovarian tumor  
24 Chr. Myocarditis  
93C  
55A  
Type unknown

Other contributory causes of importance: Syphilis

Name of operation Pauventer's Date of 7/10/34  
What test confirmed diagnosis? Chemical Was there an autopsy? no

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) C. Malou  
(Address) University Club Building

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 16 1934

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