

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo* (No. *City Hospital 2*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *27161*
Registered No. *7398*
St. Ward)

2. FULL NAME

(a) Residence, No. *1119 - 1st St. 25* (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 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) *Feb. 18th 1901*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>33</i>	<i>4</i>	<i>26</i>	

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. *Factory-Worker*

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) *Mississippi*

13. NAME *Prinice Carrill*

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

15. MAIDEN NAME *Magale Bowie*

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

17. INFORMANT (ADDRESS) *Juby Perkins 2945 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Nickson* DATE *July 25 1934*

19. UNDERTAKER (ADDRESS) *Nement - son 2700 Wash St*

20. FILED *21 3 4* 19 *34* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-14-1934*

22. I HEREBY CERTIFY, That I attended deceased from *7-13-1934*, to *7-14-1934*

I last saw her alive on *7-14-1934* Death is said

to have occurred on the date stated above, at *1:35 P*

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

Generalized Peritonitis Date of onset *7-7-34*

1934

1934

Other contributory causes of importance:

Ruptured pyosalpinx Cause unknown of non-puerperal Heat Stroke

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) *Russell Smith M. D.*

(Address) *2945 - Lawton*

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 15 1934

