

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis 2924 Dickson St. _____ Ward _____

File No. 34133
Registered No. 8910
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2924 Dickson St., 21 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 7 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl
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) Stockton Ala

13. NAME McKenley Jenkins

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

15. MAIDEN NAME Lula Griffin ✓

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

17. INFORMANT (ADDRESS) Lula Allen 2924 Dickson ✓

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept 9 1934

19. UNDERTAKER (ADDRESS) Rement - son 2700 Wash

20. FILED SEP - 10 1934 J. M. Bredeals

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Sept 2 1934
I last saw him alive on Sept 2 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. Date of onset June 1934

Other contributory causes of importance:
Pulmonary hemorrhage Sept 1/34

Name of operation none Date of _____
What test confirmed diagnosis? lab. 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? _____
If so, specify no
(Signed) Stephen V. Geyau, M. D.
(Address) 3202 Park

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.

