

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.

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

Do not use this space.

34437

OCT 11 1934

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. _____)

Registered District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 9238
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode) 28pp Thomas St

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th 1887

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
46 10 - -

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. Hook
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) Missouri

13. NAME Ben Swann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missy

15. MAIDEN NAME Sallie Hart

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

17. INFORMANT (ADDRESS) Juby Cudde
2945 - Lawton -

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis DATE 9/20 1934

19. UNDERTAKER (ADDRESS) W. H. Green
3511 Jackson Ave

20. FILED 1001 1934 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1934, to 9-16 1934

I last saw her alive on 9-16 1934. Death is said

to have occurred on the date stated above, at 7:52 A.M.

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

Generalized Peritonitis
cause unknown
Intestinal Obstruction
acute Peritonitis

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 _____, 1934

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) William H. Gullett, M. D.

(Address) 2945 - Lawton Blvd

This case was Non-puerperal.

Doctor in case, William-H.
Sinkler

9238

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Maggie Willis
Who died at _____ on Sept 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days
Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 46 Months 10 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Generalized Peritonitis (Cause unknown) Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Intestinal Obstruction
Birthplace of mother (State or country) due to peritonitis
Principal cause of death: Nonpuerperal

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 139
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 _____
Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
Name of physician Wm H. Sinkler (Wm H. Sinkler)
Address of physician 2945 Lawton Ave

Signature of Registrar J F Bredeck Date filed Oct 30 - 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh
State Registrar

Reg. Dist No.
Primary Reg. Dist. No.

Special Agent.