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.

NOV 13 1934

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

Do not use this space.

37379

File No. 9792

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1

2. FULL NAME Fanny Smith

(a) Residence, No. 2675 - Scott St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1864

7. AGE YEARS 70 MONTHS 6 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. None

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) Oklahoma

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) City Ferdinand 2945 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Pk DATE 10-6 1934

19. UNDERTAKER (ADDRESS) A. F. Walton 2701 Stoddard

20. FILED OCT - 6 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-28-, 1934, to Oct. 2nd, 1934

I last saw her alive on Oct. 2, 1934. Death is said to have occurred on the date stated above, at 8:05 a m.

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

Chronic Nephritis — Date of onset 8-28-34

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Other contributory causes of importance

Hypertension

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Name of operation Date of

What test confirmed diagnosis? 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

(Signed) J. Owen Blache, M. D.

(Address) City Hospital #2