

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

Do not use this space.

NOV 13 1934

37582

1. PLACE OF DEATH

County: Registration District No. 791
Township: Primary Registration District No. CD #2
City: St. Louis, Mo. (No. City Hospital)

File No.
Registered No. 10028
St. Ward)

2. FULL NAME

(a) Residence, No. 2942 - Imp 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 40 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 69

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.

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) Tenn.

13. NAME John Wash

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

15. MAIDEN NAME Nan Walker

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

17. INFORMANT July Pedersen

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Oct. 15 1934

19. UNDERTAKER J. H. Harrison

(ADDRESS) 2906 Lawton

20. FILED 15 1934

Registrar. J. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-23 - 1934, to 10-9 - 1934

I last saw her alive on 10-9 - 1934 Death is said to have occurred on the date stated above, at 8:25 p.m.

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

Chronic Nephritis Date of onset 7-23-34

Other contributory causes of importance:

Senility

Name of operation Date of 7th

What test confirmed diagnosis? Clinical 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) Russell L. Smith, M. D.

(Address) 2945 - Lawton Bld.

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.

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1950 FEBRUARY 12

MEMPHIS, TENNESSEE

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