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

ISOLATION HOSPITAL

Do not use this space.

37806

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ....., ... St. ..... Ward)

File No. ..... Registered No. 10260

2. FULL NAME Pearl Washington

(a) Residence, No. 819 No 16th St. St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 11 1898

7. AGE: YEARS 36 MONTHS 7 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nut Factory

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): North Caroline

FATHER

13. NAME: Malcorn Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER

15. MAIDEN NAME: Hattie Purcell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

17. INFORMANT (ADDRESS): Grace Perry

ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson Cem. DATE 10/22 1934

19. UNDERTAKER (ADDRESS): Houston W.S. Funeral Home 2812 Thomas St. St. Louis, Mo

20. FILED OCT 23 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1934, to Oct. 13, 1934

I last saw her alive on Oct. 13, 1934. Death is said to have occurred on the date stated above, at 6.00 A. m.

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

	Date of onset
Tuberculosis of Lungs	Feb. 1934
23A	

Other contributory causes of importance:

23

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum 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) Henry J. Ulrich, M. D.

(Address) ISOLATION HOSPITAL