

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.

NOV 13 1934

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38011

1. PLACE OF DEATH

County..... Registration District No. 1003  
Township..... Primary Registration District No.....  
City Saint Louis (No. City Hospital #2)

File No.....  
Registered No. 10500  
St..... Ward.....

2. FULL NAME Matilda McDowell

(a) Residence, No. 2635 Stoddard Avenue 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 Unavailable da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1869</u>		
7. AGE <u>About 65</u>	YEARS	MONTHS
		DAYS
	If LESS than 1 day, ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>October 7, 1934</u>		
11. Total time (years) spent in this occupation. <u>Unk</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
13. NAME <u>John McDowell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Matilda Wise</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>		
17. INFORMANT (ADDRESS) <u>Berry Williams 4370 Finney Avenue</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Oct 31</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Charles G. Bates 4107 Finney Avenue</u>		
20. FILED <u>OCT 31 1934</u> <u>J. Bredeck</u> Registrar.		

1 No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:00 A. M.

The principal cause of death and related causes of importance were as follows:  
2nd degree burns when clothing became ignited while starting fire in kitchen stove at residence 9/27/34 (no damage to property)

Other contributory causes of importance:  
Accident

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? Accident Date of injury 10/27, 1934  
Where did injury occur? S. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Burns  
Nature of injury 2nd degree

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Harold J. Kelly M.D.  
1429/34 (Address) 1429/34

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