

DEC 13 1934

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

Do not use this space.

38053

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10550City Saint Louis(No. 4563 Garfield Avenue)

File No.

Registered No. 10550

St. Ward)

2. FULL NAME Cornelia Rivers(a) Residence, No. 4563 Garfield Avenue st. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF George Rivers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 18697. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 5 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) August 1934 11. Total time (years) spent in this occupation Unk12. BIRTHPLACE (CITY OR TOWN) Augusta (STATE OR COUNTRY) Georgia13. NAME John Combs14. BIRTHPLACE (CITY OR TOWN) Augusta (STATE OR COUNTRY) Georgia15. MAIDEN NAME Laura Ross16. BIRTHPLACE (CITY OR TOWN) Augusta (STATE OR COUNTRY) Georgia17. INFORMANT (ADDRESS) Mrs Cornelia Curtis 4563 Garfield Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 2nd, 193419. UNDERTAKER (ADDRESS) Charles G. Bates #107 Finney Avenue20. FILED NOV - 1 1934 G. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 193422. I HEREBY CERTIFY, That I attended deceased from 8-10-34 October 28th, 1934I last saw her alive on Oct. 28, 1934 Death is saidto have occurred on the date stated above, at 2 A.M.

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

Date of onset

Other contributory causes of importance:

Chronic Myocarditis93-930Name of operation None Date of noWhat test confirmed diagnosis? None (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? noIf so, specify G. F. Bates(Signed) G. F. Bates, M. D.(Address) 3200 Lucas Avenue

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 PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

