

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

Do not use this space.

DEC 13 1934

40783

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1002**

City **St. Louis**

(No. **2626 Market St**)

near **22 Ward**

File No.

Registered No. **10725**

St.

Ward)

2. FULL NAME **Addie White**

(a) Residence, No. **2626 Market St.**, **22** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **Abt 62. - -**

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. **Housekeeper**

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) **Nashville Tenn**

13. NAME **Nelson M^s Howell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT **Gennie Buchanan** (ADDRESS) **2626 Market St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **11/9/34**

19. UNDERTAKER **Peoples Burial Co.** (ADDRESS) **3100 Franklin**

20. FILED **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 4th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **11/7/34** to **11/11/34**

I last saw him alive on **10/20/34** Death is said to have occurred on the date stated above, at **6:45 p.m.**

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

Progressive Paralysis Cause by cerebral hemorrhage

Other contributory causes of importance: **None**

Name of operation Date of
What test confirmed diagnosis? 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 **None**

(Signed) **W. S. Perry** M. D.

(Address) **4452 Kentucky Ave**

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.

