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.

DEC 13 1934

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

ISOLATION HOSPITAL

Do not use this space.

41015

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10963

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

2. FULL NAME Mattie Robinson

(a) Residence, No. 30 32 Dickson St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1½ 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1902

7. AGE: YEARS 32 MONTHS 8 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
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) Ark.

FATHER

13. NAME Cory Grant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Pennie Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Grace Barry

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill DATE 11/15/1934

19. UNDERTAKER (ADDRESS) R. M. C. Green 3517 Laclede Ave

20. FILED NOV 16 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Nov. 14, 1934

I last saw her alive on Nov. 14, 1934. Death is said to have occurred on the date stated above, at 1:55 p.m.

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

	Date of onset
Tuberculosis of Lungs	May 1933
23	
23	

Other contributory causes of importance:

Tuberculosis of Intestines	July 1934

Name of operation none Date of

What test confirmed diagnosis? X Ray 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? no

If so, specify .....

(Signed) Henry J. Ulrich, M. D.

(Address) ISOLATION HOSPITAL