

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.

41264

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City, **St. Louis Mo** (No. **2512**, **Belt ave**) St. .... Ward .....

File No. **11249**  
Registered No. ....  
St. .... Ward .....

2. FULL NAME **Patsy Jefferson**

(a) Residence, No. **2512 Belt** St. **6** Ward. ....  
(Usual place of abode) (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 <b>female</b>	4. COLOR OR RACE <b>colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widow</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry Jefferson</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>unknown</b>				
7. AGE YEARS <b>6.3</b>	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
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. <b>Housework</b>				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	

**2** MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 24 - 1934**  
22. I HEREBY CERTIFY, That I attended deceased from **March - 10 - 1934** to **Nov. 24 - 1934**  
I last saw him alive on **Nov - 24 - 1934**. Death is said to have occurred on the date stated above, at **10:45 a.m.**

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

**Chronic Interstitial Nephritis** Date of onset **March 10 - 34**

**131**  
**1386**

Other contributory causes of importance: **Uræmia**  
**about 2 days.**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Clinical** 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? **No**  
If so, specify.....  
(Signed) **Eustine D. Johnson**, M. D.  
(Address) **3100 a. West. Ave.**

OCCUPATION  
FATHER  
MOTHER

22  
2  
2  
2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Huntsville Alabama</b>
13. NAME	<b>Charley Scruggs</b>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>old Virginia</b>
15. MAIDEN NAME	<b>Amelia Johnson</b>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Alabama</b>
17. INFORMANT (ADDRESS)	<b>Olivia Pickson 2512 Belt</b>
18. BURIAL, CREMATION, OR REMOVAL	<b>father Pickson DATE Nov. 26 1934</b>
19. UNDERTAKER (ADDRESS)	<b>Cathel M. Tyler 3029 Capoline</b>
20. FILED	<b>J. F. Bredeck Registrar.</b>

NOV 26 1934

