

DEC 13 1934

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

Do not use this space.

41270

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 1003
City St. Louis, Mo. (No. 4439 West Belle) Registered No. 11255
St. Ward)

2. FULL NAME

(a) Residence, No. 4439 St. Belle St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Jenkins

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 69

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

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) Coffey County
(STATE OR COUNTRY) Tenn

13. NAME Bill Kennedy

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

15. MAIDEN NAME Classy Thomas

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

17. INFORMANT Mabel Ryals
(ADDRESS) 4439 West Belle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov 26, 1934

19. UNDERTAKER W. D. Beal and Co.
(ADDRESS) 2726 Lucas Ave.

20. FILE NO. NOV 26 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934 to Nov 22, 1934

I last saw her alive on Nov 22, 1934 Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Mitral Regurgitation Date of onset

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 no

(Signed) W. H. Ascraft, M. D.

(Address) 4270 St. Henry

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

Dr. J. H. H. H.