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

JAN 23 1935

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 44306
Township Central — Primary Registration District No. 4471 — Registered No. 109
City Webster Groves (No. 826, N-Elm-ave — St. ..... Ward)

2. FULL NAME Mary Pointer
(a) Residence, No. 826 N-Elm — St., ... 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-22-1864
7. AGE: YEARS 70 — MONTHS 11 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ah Home
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): Bath, Co. Ky —

FATHER
13. NAME: Enic Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Emma Jackson 826-N-Elm
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 12-19-1934
19. UNDERTAKER (ADDRESS): J C Lewis Webster Groves
20. FILED 12-18-1934 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-16-1934
22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 12-16, 1935
I last saw her alive on 12-16, 1934. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis — Date of onset
Other contributory causes of importance: Chr. Rheumatism
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 .....
(Signed) Dr. A. L. Snow Reynolds, M. D.
(Address) 3 E. Shady