

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.

JAN 24 1935

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

Do not use this space.

44989

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City Saint Louis (No. 4420 Aldine Avenue)

File No. ....  
Registered No. 12142  
St. .... Ward)

2. FULL NAME Hattie Thompson

(a) Residence, No. 4420 Aldine Avenue St. 11 Ward.

Length of residence in city or town where death occurred Unavailable yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th, 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 8 12

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife  
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 unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Ruben Dixon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Grace-Unavailable  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Eugenia Sims  
4420 Aldine Avenue  
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 24, 1934

19. UNDERTAKER (ADDRESS) Charles J. Datto  
4107 Finney Avenue  
20. FILED 24 1935 Jos. J. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th, 1934, to December 21, 1934  
I last saw her alive on December 21st, 1934 Death is said to have occurred on the date stated above, at 10: A. M.

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

Cerebral Hemorrhage Date of onset Sudden  
(Apoplexy)  
Senile dementia and  
general sclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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? .....  
If so, specify .....  
(Signed) Charles J. Datto, M. D.  
(Address) 3811 Olive Street.

