

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

Do not use this space.

FEB 21 1935

45280

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1008**  
 City **St. Louis, Mo.** (No. **5540**, Clerk **Clendenen**)

File No. ....  
 Registered No. **13** St. .... Ward)

**2. FULL NAME**

**Eunice Bolden**  
 (a) Residence, No. **3112 Clifton Pl.** St., **21** 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 **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21, 1878**

7. AGE YEARS **56** MONTHS **3** DAYS **6** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **cook**

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 **16 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

13. NAME **Jack Lawrence**

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

15. MAIDEN NAME **Elizabeth Jimms**

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

17. INFORMANT **Mrs. A. M. Hill** (ADDRESS) **5540 Clendenen Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Jan. 2, 1935**

19. UNDERTAKER **Jas. H. Harrison** (ADDRESS) **290 1/2 Taylor Ave.**

20. FILED **JAN 23 1935** **J. H. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 27 1934**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19, to ..... 19, I last saw h..... alive on ..... 19. Death is said to have occurred on the date stated above, **abt. 6 AM.**

The principal cause of death and related causes of importance were as follows: **Acute Regurgitation with Cardiac Hypertrophy** Date of onset  
**Chronic Nephritis**

Other contributory causes of importance: **Emphysema of liver**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **yes**

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) **Harold P. ...** (Address) **1207 3/4 ...**

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.

