

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.

MAR 20 1935

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

Do not use this space.

5435

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1002

File No. 1775
Registered No. 1775
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 542 1/2 Claremont Ward.

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. (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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Birdie Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 5 21

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

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

13. NAME John Maber

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

15. MAIDEN NAME Matilda

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

17. INFORMANT (ADDRESS) Record Clerk General Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads Mo DATE 2-28-35

19. UNDERTAKER (ADDRESS) A B Moore 1820 1/2 189th

20. FILED 2/16 1935 M M Croire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1935, to 2-13, 1935

I last saw her alive on 2-13, 1935 Death is said to have occurred on the date stated above, at 12:00 a. m.

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

Other contributory causes of importance: Tuberculosis of Pelvic Organs

Name of operation Date of Yes

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, 1935

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) A. C. Thomas M. D.

(Address) General Hosp #2

