

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.

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

Do not use this space.

MAR 28 1935

6769

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township South Kirkwood Park Primary Registration District No. 6033A
 City St. Louis (No. St. Louis 67. Insp.) St. _____ Ward _____

File No. _____

Registered No. 67

2. FULL NAME

Lillie M. Donald
 (a) Residence, No. South Kirkwood Park St. _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Mc'Donald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886 - Feb. 3.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>App. 49.</u>		<u>2</u>	<u>4</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Data deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation _____

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

13. NAME William Billingslea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Opaka Alabama

15. MAIDEN NAME Unknown

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

17. INFORMANT George Mc'Donald
 (ADDRESS) South Kirkwood Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 12 1935

19. UNDERTAKER E. H. Grandberry - Anchor Und. C.
 (ADDRESS) 1127 W. 4th St.

20. FILED 3/2 1935 Paul J. Lambrecht
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1935 to 2-7 1935

I last saw h. st. alive on 2-7 1935. Death is said to have occurred on the date stated above, at 4:25 P.M.

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

Smility
Anterior scleritis
Debility
M
 Other contributory causes of importance:
Decubital Ulcers

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No.

If so, specify _____ (Signed) L. J. Jones M. D.
 (Address) St. Louis County, Mo.

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