

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.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

MAY 13 1935

BUREAU OF VITAL STATISTICS

14726

CERTIFICATE OF DEATH

ISOLATION HOSPITAL

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No.) St. Ward)

File No.
 Registered No. **3563**
 St. Ward)

2. FULL NAME

(a) Residence, No. 2339 Adams St., 22 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 2 1

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) Miss.

13. NAME Suggs, Hampton

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

15. MAIDEN NAME Jeanette Harrison

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

17. INFORMANT Miss. 2600 Arsenal
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Flather Dickson DATE Apr 4-23 1935

19. UNDERTAKER Ed's Funeral Home
 (ADDRESS) 2826 St. Louis St.

20. FILED APR 20 1935 J. S. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1935, to April, 16, 1935

I last saw her alive on April, 16, 1935. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Tuberculosis of Lungs Date of onset June 1934

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Sputum. 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) Henry J. H. H. H. M. D.
 (Address) ISOLATION HOSPITAL

