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.

AUG 9 1935

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

Do not use this space.

791
1003

24550

File No. 5935
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis Mo (No. City Hospital No. 2 St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mattie Robinson

(a) Residence, No. 3019 - Easton St., Ave. Ward 21
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 - 4 - 1895

7. AGE YEARS 40 MONTHS 3 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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

FATHER
13. NAME Brown Rule
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Evalyn Coates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Ruby Perdeau 2940 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington park DATE July 13 1935

19. UNDERTAKER (ADDRESS) Cunningham Bros 2933 Delmar Bl.

20. FILED JUL 11 1935 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 1 - 1935, to 7 - 8 - 1935
I last saw her alive on 7 - 8 - 1935. Death is said to have occurred on the date stated above, at 12:35 P.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 7-1-35
caused by three operations causing adhesions
15 yrs ago for benign fibroid tumor uterus
2 yrs ago for benign cyst of ovary
1 year ago for acute appendicitis

Other contributory causes of importance:
Due to P. O. Adhesions
following all of above operations

Name of operation Clinical 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) James B. Harris, M. D.
(Address) 2940 - Lawton Blvd