

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.

SEP 16 1935

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

Do not use this space.

791  
1003

27702

1. PLACE OF DEATH

County.....  
Township.....  
City *St. Louis, Mo*

Registration District No.....  
Primary Registration District No. *City Hospital No. 7*

File No.....  
Registered No. *6746*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *2914* (Usual place of abode) *(near Delmar)* Sec. .... Ward. ....

Length of residence in city or town where death occurred *49* yrs. mos. ds. *21* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 17<sup>th</sup> 1870</i>		
7. AGE	YEARS	MONTHS
	<i>65</i>	<i>2</i>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>Laundress</i>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
13. NAME <i>James Thompson</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
15. MAIDEN NAME <i>Margaret Wood</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT <i>July Perkins</i> (ADDRESS) <i>2943 - Lawton Blvd</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Louis, Mo</i> DATE <i>8-19-35</i>		
19. UNDERTAKER <i>Miller &amp; Dailes</i> (ADDRESS) <i>3054 Thomas St</i>		
20. FILED <i>1116</i> - 7 1935, 19 <i>J. Bredek</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 5<sup>th</sup> 1935*

22. I HEREBY CERTIFY, That I attended deceased from *7-2-35*, 1935, to *8-5-35*, 1935. I last saw her alive on *8-5-35*, 1935. Death is said to have occurred on the date stated above, at *10:20 A.M.*

The principal cause of death and related causes of importance were as follows:  
*Chronic Nephritis*  
Date of onset *7-2-35*

Other contributory causes of importance:  
*Coronary Heart Failure*  
*No definite disease of heart*

Name of operation  
What test confirmed diagnosis? *Clinical* Date of *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?  
If so, specify  
(Signed) *J. B. Harris* M. D.  
(Address) *2943 - Lawton Blvd*

