

SEP 16 1935

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

Do not use this space.

27714

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township City Wash No 7 Extra Registration District No. 1003
City (No. 1003) St. Wash No 7 Ward)

File No. 6758
Registered No. 6758

2. FULL NAME

(a) Residence, No. 1924 Lawton St., 21 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Cauc</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. N. Ferrill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr - 14 - 1888</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>3</u>
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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 day) <u>Apr 1935</u>		
11. Total time (years) spent in this occupation. <u>27</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
13. NAME <u>Audrey Pickens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ar</u>		
15. MAIDEN NAME <u>Hannah Guyton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ar</u>		
17. INFORMANT (ADDRESS) <u>Geo. N. Ferrill</u> <u>1924 Lawton Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>8-9-35</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. J. Messerly</u> <u>4107 Finney Ave</u>		
20. FILED <u>DUG</u> <u>17</u> <u>1935</u> <u>H. Bredeck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 930

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? _____ If so, specify _____

(Signed) Harold C. Jones, M. D.
(Address) _____

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

