

SEP 16 1935

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

Do not use this space.

27816

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Peoples Hospital) St. 6867 Ward)

791
1003

2. FULL NAME

(a) Residence, No. 2934 Lucas St., 21 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1907

7. AGE YEARS 33 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Holmes Co. Miss.

MOTHER 13. NAME Theriot Jones

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

15. MAIDEN NAME Lula Thurman

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

17. INFORMANT (ADDRESS) Golden Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pl. DATE 8/12 1935

19. UNDERTAKER (ADDRESS) Chas. J. Gentry

20. FILED AUG 12 1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-18- 1935 to 8-7- 1935
I last saw her alive on 8-7- 1935 Death is said to have occurred on the date stated above, at 240 P. m.

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

Pulmonary tuberculosis?

Other contributory causes of importance: ??

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) Chas. J. Gentry M. D.
(Address) Peoples Hospital

WRITE PLAINLY, WITH UNFAADING 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.

