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.

OCT 23 1935

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

Do not use this space.

~~28265-a~~ 28290-a

File No.

Registered No. 7429

1. PLACE OF DEATH

County

Township

City Saint Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 3020a Rutger Street, St. Ward)

2. FULL NAME Mary Hennington

(a) Residence, No. 3020a Rutger Street St., 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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: Unavailable Hennington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 28/1884

7. AGE: YEARS 51 MONTHS 6 DAYS 2 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) Unavailable

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crystal Springs Mississippi

FATHER

13. NAME Jim Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME Matilda Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crystal Springs Mississippi

17. INFORMANT (ADDRESS): Allie Bowles 3020a Rutger Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood Cem. DATE Sept. 3rd, 35

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED SEP -3 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 23 Aug, 1935, to August, 1935

I last saw her alive on August 30th, 1935. Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Cerebral Thrombosis — Date of onset 23 Aug

82

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Physical Wasting Was there an autopsy?

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) W. Healer, M. D.

(Address) 2740a Franklin Avenue