

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.

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

Do not use this space.

1. PLACE OF DEATH OCT 23 1935

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2608** = **Rear Franklin**)

31104
File No. **7899**
Registered No.
St. Ward)

2. FULL NAME **Margaret Isabell**
(a) Residence, No. **2608** = **Rear Franklin** 21 Ward.
(Usual place of abode)

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Isabell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 28, 1905**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
30	6	16		

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. **Hub.**
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) **St. Louis, Mo.**

MOTHER FATHER
13. NAME **Frank Scott**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charleston, S.C.**

15. MAIDEN NAME **Maggie Suttle**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville, Tenn.**

17. INFORMANT (ADDRESS) **Mrs. Birdie Nelson, 2822 Rear Mill St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Grainwood** **DATE** **Sept. 20, 1935**

19. UNDERTAKER (ADDRESS) **H. C. Gordon, 1144 So. 26th St., St. Louis, Mo.**

20. FILED **SEP 20 1935** **19** **J. A. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 14, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **No. 1 Physician in attendance**
....., 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:

Date of onset

Asphyxia from strangulation at the hands of partner unknown

Other contributory causes of importance:

Homicide

Name of operation..... **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? **Homicide** **Date of injury** **9/14, 1935**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury **Strangulation hands of partner unknown**

Nature of injury **Asphyxia from strangulation**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. A. Bredeck** (Address) **116/30**

