

WRITE PLAINLY, WITH UNFADING 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.

NOV 2 1935

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

Do not use this space.

31253

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis Mo. No. City Hospital No. 2

File No. 8053  
Registered No. 8053  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1016 1/2 - N - 14th St. Ward 25  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1890

7. AGE YEARS 45 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
Occupation Nil

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississipi

13. NAME Father Daniel

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

15. MAIDEN NAME Mother Betty Oval

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

17. INFORMANT (ADDRESS) Ruby Beard 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Father O'Quinn Sept. 26 - 1935

19. UNDERTAKER (ADDRESS) A. C. Neal and Co. 2726 - Luongo Ave.

20. FILED SEP 25 1935 19 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1935 to 9-17-1935  
I last saw her alive on 9-19-1935 Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Other contributory causes of importance:  
Paternal-tubo-ovarian Abscess due to Lymphadenitis  
48  
Uterine Fibroid Malignant

Name of operation  
What test confirmed diagnosis? Urinal Date of  
Was there an autopsy? Yes

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) James B. Harris, M.D.  
(Address) 2945 - Lawton Blvd

