

NOV 9 1935

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

Do not use this space.

31431

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *1709 9th Sarah*)

File No.....
Registered No. **8292**
St. Ward)

2. FULL NAME

(a) Residence, No. *1709 9th Sarah* 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow</i> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 23, 1875</i>				
7. AGE	YEARS	MONTHS	DAYS	LESS than 1 day, hrs. or min.
<i>60</i>	<i>5</i>	<i>9</i>	<i>5</i>	
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..... <i>Laundress</i>			
	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) <i>Rollmeyer, Ill.</i>				
MOTHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
FATHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>			
17. INFORMANT <i>Richard Jackson</i> (ADDRESS) <i>1709 9th Sarah St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>Oct. 3, 1935</i>				
19. UNDERTAKER <i>W. O. Gordon Undertaking Co.</i> (ADDRESS) <i>2644-57 Webster Park</i>				
20. FILED <i>1935</i> 19..... <i>J. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 28, 1935*

I HEREBY CERTIFY, That I attended deceased from *July 8, 1935* to *Sept 28, 1935*
last seen alive on *Sept 27, 1935* Death is said to have occurred on the date stated above, at *4:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset *77*

Other contributory causes of importance: *77*

Name of operation..... Date of.....
What test confirmed diagnosis? *Sputum* 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? *No*
If so, specify.....
(Signed) *W. H. Marshall* M. D.
(Address) *4270 2nd St. St. Louis*

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.

PERMANENT RECORD

