

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

Do not use this space.

NOV 9 1935

791

34325

1. PLACE OF DEATH

County..... Registration District No. 1003
Township.....
City St. Louis Mo. (No. City Hospital No. 2)

File No.....
Registered No. 8760
St. Ward)

2. FULL NAME

(a) Residence, No. 742 - 71 - Chammy Ward 21
(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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28th 1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>2</u>
	DAYS <u>16</u>	If LESS than 4 day, hrs. or min.
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.	
	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) <u>Mississippi</u>		
FATHER	13. NAME <u>Frank Thomas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
MOTHER	15. MAIDEN NAME <u>Nellie Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
17. INFORMANT (ADDRESS) <u>Judy Berdeack</u> <u>2945 - Lawton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem</u> DATE <u>10-18</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>L. V. Bethins</u> <u>33 1/2 S. Grand Street</u>		
20. FILED <u>OCT 18 1935</u> 19 <u>J. Berdeack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-21 1935, to 10-14 1935. I last saw him alive on 10-14 1935. Death is said to have occurred on the date stated above, at 2:35 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset 9-21-35

Other contributory causes of importance:
Premia Coma

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) James B. Harris, M.D.
(Address) 2945 - Lawton Blvd.

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.

