

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.

DEC 11 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... **1003**
City **St. Louis, Mo.** (No. **City Hospital No. 2**)

File No. **34724**
Registered No. **9216**
St. **21** Ward

2. FULL NAME

(a) Residence, No. **2943 - Finney** 21 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **21** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 2nd 1881**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **54 1 29**
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Homework**
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) **Mississippi**

13. NAME **William Trinidad**

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

15. MAIDEN NAME **Nereca Gibbs**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT (ADDRESS) **Ruby Gardner 1945 - 2nd St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **11.3.1935**

19. UNDERTAKER (ADDRESS) **Manuel and Co 40 57 Finney**

20. FILED **NOV - 2 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **10-29-1935** to **10-31-1935**
I last saw her alive on **10-31-1935** Death is said to have occurred on the date stated above, at **8:00 p.m.**
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction due to adhesions from a hysterectomy
Cause of which is **Widow**
Other contributory causes of importance:
1225

Name of operation..... Date of.....
What test confirmed diagnosis? **Physical** 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) **William H. Siskler** M. D.
(Address) **2945 - 2nd St**

