

FORM 23 1036

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

Do not use this space.

36369

1. PLACE OF DEATH

County Jackson Registration District No. 399Township 1st Primary Registration District No. 1002City St. Louis, Mo. (No. General Hosp #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 401 1/2 E. 4th St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 4 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-12-1889</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>0</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	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>Mo</u>		
MOTHER'S FATHER	13. NAME <u>Wicklor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Wicklor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Second Clerk</u> (ADDRESS) <u>General Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Ridge</u> DATE <u>Dec 11</u> 19 <u>35</u>		
19. UNDERTAKER <u>A. Moore</u> (ADDRESS) <u>2102 Olive</u>		
20. FILED <u>Dec 10</u> 19 <u>35</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1935 to 11-17, 1935

I last saw her alive on 11-17, 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Right)

Other contributory causes of importance:
Tubercle

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?..... 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) J. P. Jones M. D.
(Address) Dec 11 Hosp #2

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.

STATE BOARD OF HEALTH WITH EMPLOYING INSTITUTIONS THIS IS A PERMANENT RECORD

