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 12 1935

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

Do not use this space.

37917

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 9897

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Willie May Keeton Hardge

(a) Residence, No. 3420a Bell Ave St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 24 Sept. 1919

7. AGE: 16 YEARS, 1 MONTHS, 28 DAYS. If LESS than 1 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. School Girl

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): St Louis Mo

FATHER

13. NAME: Willie ~~May Keeton~~ Hardge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Margaret Keeton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): E. St Louis, Ill

17. INFORMANT (ADDRESS): Sophronia Keeton 3420a Bell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Booker Washington DATE: 11-27, 1935 E. St. Louis, Ill

19. UNDERTAKER (ADDRESS): Peoples Undertaker 3100 Franklin Ave

20. FILED NOV 26 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:58 a.m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis following incomplete abortion caused by fall down steps at residence about Nov. 3, 1935 — Date of onset: 1

Other contributory causes of importance: 186a

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? Accident Date of injury Nov. 11/3, 1935

Where did injury occur? St Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fall

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) [signature], M. D.

(Address) [signature]

11/20/35