

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

Do not use this space.

JAN 23 1936

39864

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township 1st

Primary Registration District No. _____

City St. Louis, Mo. (No. General Hosp. #2)

File No. _____

Registered No. 5011

St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1013 Harrison St. Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>61</u>	<u>3</u>	<u>26</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

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) Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk, General Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Union DATE Jan 21 1936

19. UNDERTAKER (ADDRESS) William W. Fisher, 12-16-16 St. Louis

20. FILED Dec 31 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1935 to 12-28 1935

I last saw her alive on 12-28 1935 Death is said to have occurred on the date stated above, at 6:25 P.M.

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

Cerebral Apoplexy due to embolism of Circle of Willis

Other contributory causes of importance: Bronchitis Pneumonia

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 _____ 1935

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. J. Turner M. D.
 (Address) General 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.

