

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.

3200 Lucas Ave.

JAN 23 1936

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

Do not use this space.

42066

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Capoudelet Primary Registration District No. 6248 E
City St. Louis (No. 9837 Eugenia)

File No. _____
Registered No. 412 St. _____ Ward)

2. FULL NAME

Rosa McNish
(a) Residence, No. 9837 Eugenia St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 67 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colored Old Folks
10. Date deceased last worked at this occupation (month and year) No occupation 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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 Mr. Greenlison
(ADDRESS) 4226 St. Finney Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Dec. 7, 1935

19. UNDERTAKER M.C. Gordon Undertaking
(ADDRESS) 2649-51 Delmar Blvd.

20. FILED Dec 7 1935 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-15-1933 to 12-2-1935
I last saw h. aw. alive on 11-28-1935 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Other contributory causes of importance:

None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) G. A. Galtier, M. D.
(Address) 5200 Lucas Ave

