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

Do not use this space.

FEB 11 1936

3092

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City Saint Louis (No. 4317 Enright Avenue, St. ..... Ward)

File No. .....

Registered No. 200

2. FULL NAME Hattie L. Black

(a) Residence, No. 4317 Enright Avenue, St., / / Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ ~~HUSBAND~~ (OR) WIFE OF James N. Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1852

7. AGE: Years 83 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Union Springs
(STATE OR COUNTRY) Alabama

FATHER

13. NAME Richard Smith

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Amy Goss

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Alabama

17. INFORMANT James A. Turner
(ADDRESS) 4317 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington D.C. DATE Jan. 6th, 1936

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED JAN - 6 1936, 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Janaury 5th, 19 36

22. I HEREBY CERTIFY, That I attended deceased from November 4th, 1935, to January 5th, 1936

I last saw her alive on January 5th, 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? clinical 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? no

If so, specify .....

(Signed) [illegible], M. D.

(Address) 1048a North Vandeventer

V. S. No. 2
100M-3-28-35

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.