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.

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

Do not use this space.

MAR 12 1936

791

7867

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1536

City St Louis (No. 4235 a W. North Market St. ..... Ward)

2. FULL NAME Florence Newby

(a) Residence, No. 4235 a W. North Market 11 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1874

7. AGE YEARS 59 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Hyatt Harris

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

MOTHER

15. MAIDEN NAME Julia Henderson

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

17. INFORMANT (ADDRESS) Nannie Jenkins 4235 a. W. North Market.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2-13 1936

19. UNDERTAKER (ADDRESS) Manuel Und Co. 4059 Finney

20. FILED FEB 11 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1936, to 2/9/, 1936

I last saw her alive on 2/9, 1936. Death is said to have occurred on the date stated above, at 12 10 P.m.

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

Aortic insufficiency
Mitral insufficiency

Date of onset

131

Other contributory causes of importance:

Arterial Sclerosis
Chronic Nephritis

Name of operation ..... 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) S E Moore, M. D.

(Address) 809 N Jefferson

Dr. S.E.
809 N. [illegible]
11-12-2-630-8-