

MAR 12 1936

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

Do not use this space.

7956

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City Saint Louis (No. 1104 South Cardinal Street) St. .... Ward)

File No. ....  
Registered No. 1627

2. FULL NAME Tom Hitchens

(a) Residence, No. 1104 South Cardinal St., 18 Ward. (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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Margie Hitchens  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 11 6

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing Company  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation. 6 mos

12. BIRTHPLACE (CITY OR TOWN) Baton Rouge (STATE OR COUNTRY) Louisiana

13. NAME Henry Hitchens

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

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) Margie Hitchens  
1104 South Cardinal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Feb. 13, 1936

19. UNDERTAKER (ADDRESS) Charles G. Bates  
4107 Finney Avenue

20. FILED FFR 13 1936 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1934 to FEB-9 1936  
I last saw him alive on Feb. 9 1936. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Lobar Pneumonia

Other contributory causes of importance:  
General debility following progressive paralysis Spinal

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) J. W. Tyler M. D.  
(Address) 200 e main St. St. Louis, Mo.

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.

