MAR 12 1936

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

ISOLATION HOSPITAL 791

Do not use this space.

8090

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 1767

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Beatrice Gill

(a) Residence, No. 4216 W. Ashland St., VO 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Robert Gill.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1903

7. AGE: YEARS 32 | MONTHS 9 | DAYS 23 | 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. Lwf

10. Date deceased last worked at this occupation (month and year) July 1935

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

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

FATHER

13. NAME Monroe Verner

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

MOTHER

15. MAIDEN NAME Beatrice Wilson

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

17. INFORMANT (ADDRESS) Isolation Hospital Record St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon Cem DATE 2-17, 1936

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St

20. FILED FEB 17 1936 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936 to Feb. 13, 1936

I last saw her alive on Feb. 13, 1936 Death is said to have occurred on the date stated above, at 9 15 A.m.

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

| | Date of onset |
|---|---|
| Tubercular Lymphadenitis, Generalized. | |
| Tubercular Peritonitis. | |
| Pulmonary Tuberculosis c̄ Hydro-pneumothorax, bilateral. | |

Other contributory causes of importance: 23

Name of operation ..... Phys. ..... Date of .....

What test confirmed diagnosis? X-Ray Lab 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 ....., 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) C. E. Smith M. D.

(Address) ISOLATION HOSPITAL

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.

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