MAR 12 1936

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

Do not use this space.

8246

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1925

Township ..... Primary Registration District No. 1003 Registered No. .....

City Saint Louis (No. 4252W Finney Avenue St. ..... Ward)

2. FULL NAME Nancy Foreman

(a) Residence, No. 4252W Finney Avenue St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Alex Foreman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12/1856

7. AGE: YEARS 79 MONTHS 4 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation Unk.

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

FATHER

13. NAME William Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grenada County Mississippi

MOTHER

15. MAIDEN NAME Lucy Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grenada County Mississippi

17. INFORMANT Lula Rounsville (ADDRESS) 4252W Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grenada, Miss DATE Feb. 21, 1936

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

20. FILED FEB 21 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935, to February 17, 1936

I last saw her alive on February 17, 1936 Death is said to have occurred on the date stated above, at 9:45 m P.M.

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

Chronic Myocarditis — Date of onset Unkne wn.

93C

Other contributory causes of importance:

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? XXXXX 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) G. A. Gaikins, M. D.

(Address) 3200 Lucas Avenue

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.