

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.

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

Do not use this space.

8468

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City **St. Louis Mo.** (No. **City Hospital No. 2**)

File No. ....  
Registered No. **2158**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **31294** **13** **Southwest** **21** Ward  
(Usual place of abode)

Length of residence in city or town where death occurred **2** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Turner</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar. 13<sup>th</sup> 1890</b>		
7. AGE	YEARS <b>45<sup>+</sup></b>	MONTHS <b>10</b>
	DAYS <b>8</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>chef</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Home work</b>	
	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) <b>Tenn.</b>		
FATHER	13. NAME <b>Charles Hamery</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
MOTHER	15. MAIDEN NAME <b>Sallie Woods</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tenn.</b>	
17. INFORMANT (ADDRESS) <b>Juby Gendron</b> <b>2945 - Lawton</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bolivar Tenn</b> DATE <b>Feb 28</b> 19 <b>36</b>		
19. UNDERTAKER (ADDRESS) <b>W. C. McDaniel</b> <b>Franklin Ave</b>		
20. FILED <b>FEB 27 1936</b> <b>J. T. Predeck</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 21<sup>st</sup>** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **2-8-** 19**36** to **2-21-** 19**36**  
I last saw her alive on **2-21-** 19**36** Death is said to have occurred on the date stated above, at **11:00** a. m.  
The principal cause of death and related causes of importance were as follows:  
**Bronchitis**  
**Pneumonia**  
Date of onset **2-8-36**

Other contributory causes of importance: **107a**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Chemical** 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) **James B. Harris** M. D.  
(Address) **City Hospital # 2**

Boston