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.

APR 11 1936

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

Do not use this space.

791

12508

Registration District No. 1003

Primary Registration District No.

File No.

Registered No. 2536

1. PLACE OF DEATH

County

Township

City St Louis (No. 3145 Bell Ave St. Ward)

2. FULL NAME Elizabeth Carr

(a) Residence, No. 3145 Bell St., 21 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo [illegible]ters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: YEARS 26 MONTHS DAYS 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.: housework

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): Texas

FATHER

13. NAME: Archie Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla.

17. INFORMANT: Della Harris
(ADDRESS) 3145 Bell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Feb. 7th, 1936

19. UNDERTAKER: Ethel M Tyler
(ADDRESS) 3629 Caroline St.

20. FILED MAR 6 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Mar 3, 1936, I last saw h alive on Mar 1 of, 1936. Death is said to have occurred on the date stated above, at 9:45 p m.

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

Pulmonary T. B. — Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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)

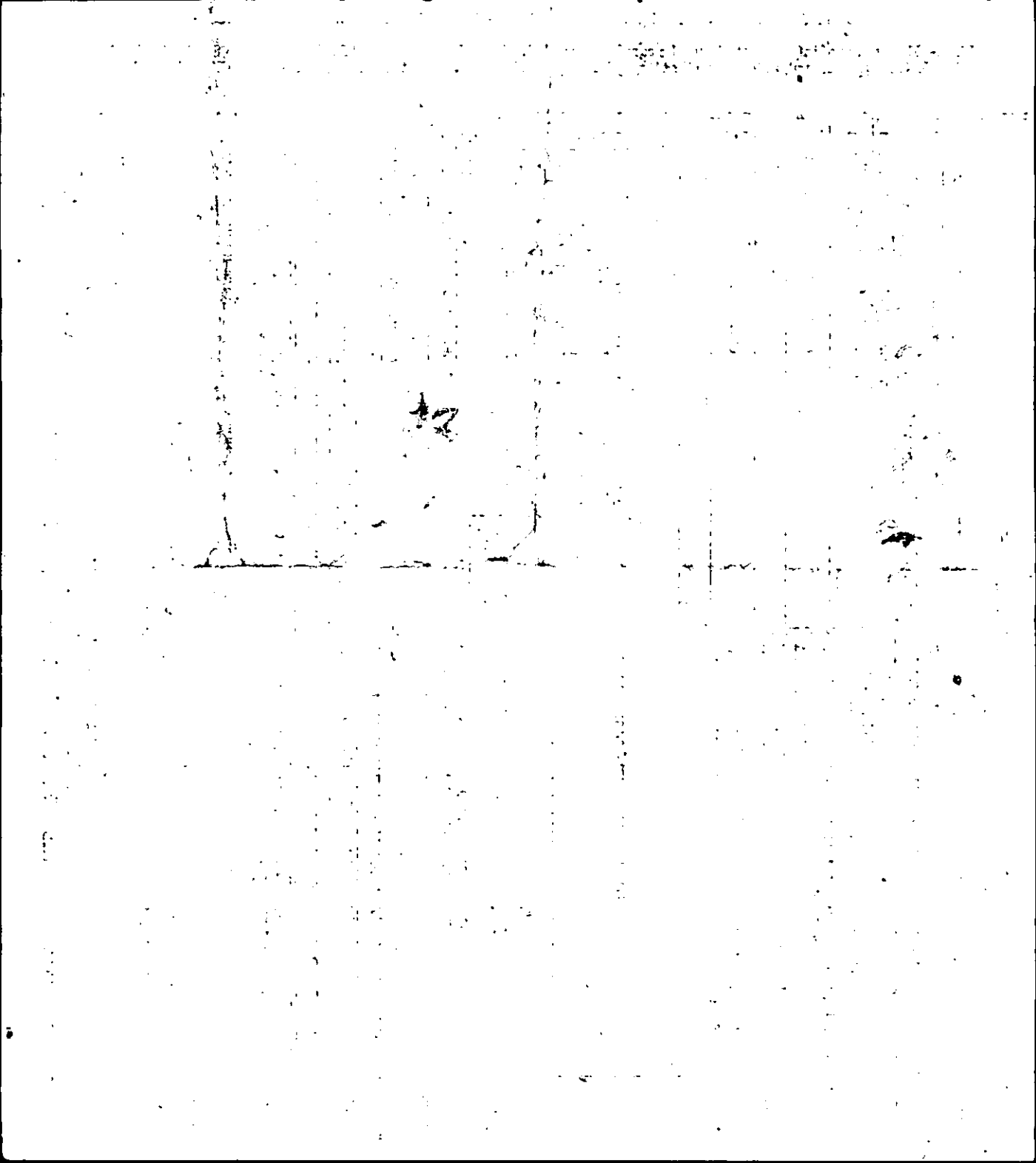
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Shikuson, M. D.

(Address) 3300 A Franklin Av.