APR 11 1936

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

Do not use this space.

13009

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3078

Township ..... Primary Registration District No. 1003 Registered No. 3078

City St. Louis Mo (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Rebecca Hinton

(a) Residence, No. 23a - S - Compton St., Ward. 18 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Hinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1883

7. AGE YEARS 52 MONTHS 7 DAYS 1 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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Alex Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Mary Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Ruby Pudeau 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fr. Dickson DATE 3.23 1936

19. UNDERTAKER (ADDRESS) English Und. Co 2931 Cuggan Ave.

20. FILED MAR 21 1936 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 10 -, 1936, to 3 - 16 -, 1936

I last saw him alive on 3 - 16 -, 1936 Death is said to have occurred on the date stated above, at 9:25 A.M.

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

Chronic Nephritis

Date of onset 3-10-36

Other contributory causes of importance: 131

Name of operation ..... 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? .....

If so, specify .....

(Signed) J. Buchanan Harris, M. D.

(Address) City Hosp #2

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.

100M-3-28-35