

MAY 19 1936

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

Do not use this space.

15183

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis (No. General Hoop #2 St. 18th Ward)

399

Registration District No. 1002

File No. _____
Registered No. 15183

2. FULL NAME

(a) Residence, No. 5514 Crestwood Drive 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 - 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
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) Mo.
13. NAME Ely Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
15. MAIDEN NAME Julia Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem DATE 4/9 1936

19. UNDERTAKER (ADDRESS) Hathings Bros
1724 Lydia

20. FILED Apr 9, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1936 to 4-4, 1936
I last saw him/her alive on 4-4, 1936 (Death is said to have occurred on the date stated above, at 9:25 P.M.)
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
due to old Post-operative Adhesions
Other contributory causes of importance:
Terminal Broncho-Pneumonia (Bilateral)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) J. P. [Signature] M.D.
(Address) General Hoop #2

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.

