

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.

MAY 7 1836

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

Do not use this space.

17154

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis Mo. (No. \_\_\_\_\_)

Registration District No. 1003  
Primary Registration District No. \_\_\_\_\_  
City Hospital No. 2

File No. \_\_\_\_\_  
Registered No. 3916  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 421 - S - Jefferson Ward 18  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 6 mos. \_\_\_\_\_ ds. \_\_\_\_\_  
How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 1880</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Ed Ray Boston</u>		
MOTHER	13. NAME <u>Ed Ray Boston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
17. INFORMANT (ADDRESS) <u>Juby Perdue 2945 - Hawthorn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rayville La.</u> DATE <u>April 10, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. James 2307 1/2 Wash St.</u>		
20. FILED <u>APR 10 1936</u> Registrar <u>J. H. Brice</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 14 - 1936, to 4 - 4 - 1936  
I last saw her alive on 4 - 4 - 1936 Death is said to have occurred on the date stated above, at 3:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset 3-14-36

Other contributory causes of importance 107

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) Jas. B. Harris, M. D.  
(Address) City Hospital  
2945 - Hawthorn Bld.

