

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
JUL 22 1936
CERTIFICATE OF DEATH

Do not use this space.

19843

1. PLACE OF DEATH

County Jefferson Registration District No. 422
Township Victoria, Mo. Primary Registration District No. 5577
City Central (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 8 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel A. Bage</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/25/49</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>2</u>	DAYS <u>4</u>
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) Missouri

MOTHER FATHER

13. NAME Mr. H. Hashburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Malinda C. Hashburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Ila Bage Coleman
(ADDRESS) 3718 N. 1st St. - St. Louis, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Victoria Cemetery DATE May 31 1936

19. UNDERTAKER Chas. W. B. Co.
(ADDRESS) St. Louis, Mo.

20. FILED June 5 1936 Chas. W. B. Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from May - 20 1936, to May - 29 1936
I last saw her alive on May - 28 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Lobar pneumonia May 20 - 26

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 _____, 1936

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) Malinda C. Hashburn, M. D.

(Address) St. Louis, Mo.

