

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

Do not use this space.

20759

791

File No. _____
Registered No. **4944**
St. _____ Ward _____

7. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. **1008**
City **St. Louis, Mo.** (No. **City Hospital No. 2**)

2. FULL NAME

(a) Residence, No. **3420 Bell** St., **2** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **26** yrs. mos. da. 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 **F** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Evans, M. C.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23 - 1890**

7. AGE YEARS **40** MONTHS **10** DAYS **10** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laundress**

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) **undeterminable** 11. Total time (year) spent in this occupation **unk**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Hamilton Anderson**

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

15. MAIDEN NAME **Nancy Black**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Elizabeth Hardman** (ADDRESS) **2294 S. Taylor**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park, May 6, 1936**

19. UNDERTAKER **Charles J. Gaffey** (ADDRESS) **4107 Juniper Avenue**

20. FILE **MAY 6 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3rd, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **5-2-36** to **5-3-36**, 19**36**

I last saw him alive on **5-3-36**, 19**36** Death is said to have occurred on the date stated above, at **7:50 A.**

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

Act. of Stomach
Carcinoma of
46

Other contributory causes of importance: **Abdominal Distention**

Name of operation **None** 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? **No**

If so, specify _____ (Signed) **Joe B. Hagan**, M. D.

(Address) **29450**

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.

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