

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

Do not use this space.

JUL 14 1936

791

24361

1. PLACE OF DEATH

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No. **5975**

City *St. Louis, Mo.* (No. *City Hospital No. 2*)

City Hospital No. *2*

St. Ward)

2. FULL NAME

(a) Residence, No. *3119 - Delmar* Ward *21*

(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

SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write</i> the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Alvin</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 25th 1872</i>				
7. AGE	YEARS <i>64</i>	MONTHS <i>9</i>	DAYS <i>11</i>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i>			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 6th 1936*

22. I HEREBY CERTIFY that I attended deceased from *6-2-36*, 19*36*, to *6-6-36*, 19*36*. I last saw her alive on *6-6-36*, 19*36*. Death is said to have occurred on the date stated above, at *2:35 A.M.*

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

Other contributory causes of importance: *93C*

Date of onset *6-2-36*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Ill.</i>
13. NAME	<i>L. Morgan</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Ill.</i>
15. MAIDEN NAME	<i>Ann Barrie</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Ill.</i>
17. INFORMANT (ADDRESS)	<i>John Phillips 2948 - Lawton</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<i>Greenwood Cemetery</i>
	DATE <i>6-10-36</i>
19. UNDERTAKER (ADDRESS)	<i>People's Mutual Burial League 310 S. Franklin</i>
20. FILED	<i>J. P. Brebeck Registrar</i>

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) *James B. Harris*, M. D.
(Address) *2948 Lawton*

JUN 10 1936

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.

1936

64

71