

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.

JUL 14 1936

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

Do not use this space.

24897

1. PLACE OF DEATH St. Mary's Infirmary

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 1536)

Papin

File No.....

Registered No. 6553

2. FULL NAME Winnie Palmer

(a) Residence, No. 3919 a W. Belle St. 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jahm Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>65</u>		<u>0</u>	<u>1</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

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) Trenton Tenn.

13. NAME Wm. Fite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn.

15. MAIDEN NAME Sarah Ann Palmer

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

17. INFORMANT Jennie Palmer
(ADDRESS) 3919 a W. Belle

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 1st 1936

19. UNDERTAKER A. F. Walton
(ADDRESS) 2909 Stoddard

20. JUN 29 1936 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to June 25, 1936

I last saw her alive on June 25, 1936 Death is said

to have occurred on the date stated above, at 4:25 P.M.

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

Hypertensive Heart Disease

Date of onset

Other contributory causes of importance: 95%

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?.....

If so, specify

(Signed) A. C. Bythewood, M. D.

(Address) St. Mary's Infirmary, St. Louis, Mo.

