

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.

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

Do not use this space.

AUG 18 1936

25028

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo.

(No. City Hospital No. 2)

File No.....

6703

Registered No.....

St.....

Ward.....

2. FULL NAME Bell Pope

(a) Residence, No. 3330 Lucas

St., 21 Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1936, to 6-30, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1890

I last saw her alive on 6-30-, 1936 Death is said to have occurred on the date stated above, at 2:45 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 0 13

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

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

Chronic Myocarditis

Date of onset 6-27-36

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Willis Franklin

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

Name of operation..... Date of.....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

MOTHER 15. MAIDEN NAME Mary Walker

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

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.

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7/2/36, 1936

Manner of injury..... Nature of injury.....

19. UNDERTAKER C.W. Roberts (ADDRESS) 5035 Lucas Ave.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED JUL 2 1936 J. Bredeck Registrar.

(Signed) J. Owen Blache, M. D. (Address) 2945 Lawton

