

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

Do not use this space.

AUG 18 1936

28873

1. PLACE OF DEATH

County.....
Township.....
City *St Louis mo* (No. *2307 - Eugene*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **7641**
St..... Ward)

2. FULL NAME

(a) Residence, No. *2302, A. Eugene St. 22* Ward.....
(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

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. ~~STATUS~~ *Married, WIDOWED, OR DIVORCED* (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Marshall Chason*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4th 1890*

7. AGE YEARS *46* MONTHS *6* DAYS *11* If LESS than 1 day, hrs. min.

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

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) *Alcorn, Miss.*

13. NAME *Mikal Blye*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alcorn, Miss.*

15. MAIDEN NAME *Levia Hardiman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alcorn, Miss.*

17. INFORMANT *Mrs. Ida Bradley* (ADDRESS) *4175 - W. Bell*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *July 22 1936*

19. UNDERTAKER *R. C. Houston* (ADDRESS) *2812, 9th St*

20. FILED **JUL 20 1936** *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16th* 19 *36*

22. I HEREBY CERTIFY That I attended deceased from *July 10* 19 *36* to *July 13* 19 *36*
I last saw him alive on *July 13, 1936* Death is said

to have occurred on the date stated above, at *11 A.M.*

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

Heat Exhaustion Date of onset

Other contributory causes of importance: *191*

Name of operation..... Date of.....
What test confirmed diagnosis? *chem* 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) *M. A. Mueller M.D.* M. D.
(Address) *2335 13th St*

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.

Handwritten notes on the left side of the page, including the number '55' and some illegible scribbles.

Vertical handwritten text in the center-left area.

Small handwritten mark or signature in the center.

Large handwritten notes on the right side of the page, including the word 'MARK' and several lines of illegible text.