AUG 28 1936

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

Do not use this space.
28961

791
1003
7731

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 7731

Township ..... Primary Registration District No. ..... Registered No. .....

City ST. LOUIS (No. ENROUTE CITY HOSPITAL NO. 2 St. ..... Ward)

2. FULL NAME FANNIE ALEXANDER

(a) Residence, No. 325 S. 21ST St., 25 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 20, 1913

7. AGE: Years 23 | Months 4 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEAMSTRESS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA PROJECT
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) OKALONA, MISS.

FATHER

13. NAME TOM PRUITT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

MOTHER

15. MAIDEN NAME MARY BROWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

17. INFORMANT SAM PRUITT
(ADDRESS) 319 SOUTH 21ST STREET

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE FATHER DICKSON DATE July 21, 1936

19. UNDERTAKER E. L. GARNER UND. COMPANY
(ADDRESS) 2829 WASHINGTON

20. FILED JUL 21 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11th, 1936, to 7-8th, 1936

I last saw h. alive on 7-8, 1936. Death is said to have occurred on the date stated above, at 9:15 P. M.

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

	Date of onset
Pulmonary Tuberculosis	
T.B.	

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....

(Signed) J. A. Williams M. D.
(Address) 2743 Franklin

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.