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

AUG 28 1936

Do not use this space.

29000

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS, MO. (No. City Hospital No. 2 St. ..... Ward)

File No. .....

Registered No. 7772

2. FULL NAME Julia Hutchison

(a) Residence, No. 2835 Franklin St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown ~~May 15, 1886~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	2	5	

OCCUPATION

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

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) Macon, Georgia

FATHER

13. NAME Harry Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Georgia

MOTHER

15. MAIDEN NAME Sylvia Troutman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Georgia

17. INFORMANT (ADDRESS) Alice Jones 2835 Franklin

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Father Dickson DATE 7-25-36 19

19. UNDERTAKER (ADDRESS) E.L. Garner Undertaking Co 2829 Washington Avenue

20. FILED JUL 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:05 A

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

General Peritonitis following Rupture of Rectum, due to obstruction caused by Lumpho Granulo inguinale.

Date of onset

Other contributory causes of importance: 726

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)

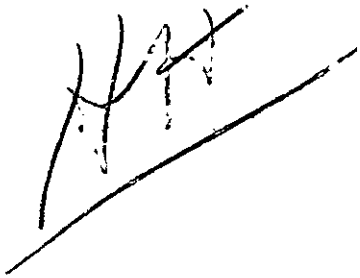
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank P Furlong, ~~M.D.~~

(Address) Coroner