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.

AUG 18 1936

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

Do not use this space.

29216

File No. 7999

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Primary Registration District No. 1003

Township

City St. Louis, Missouri (No. City Hospital No. 1 St. Ward)

B. 4647

2. FULL NAME Birdie Watts

(a) Residence, No. 3706 a Cottage St., // 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: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16, 1887.

7. AGE: YEARS 48 MONTHS 9 DAYS II If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): St. Louis, Missouri

FATHER

13. NAME: Soloman Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER

15. MAIDEN NAME: Phillimena Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Hosp. Info. MH. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bethany Cemetery DATE: July 30, 36

19. UNDERTAKER (ADDRESS): J. J. Quinn. 1522 N. Grand Blvd.

20. FILED: JUL 29 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/27/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/30/36, 19, to 7/27/36, 19

I last saw h. he alive on 7/27/36, 19. Death is said to have occurred on the date stated above, at 6:25 a m

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

C. N. S. Syphilis — Date of onset

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Geo. F. Seibold M. D.

(Address) City Hospital No. 1