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.

29246

791

1003

File No. 8032

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4446 West Belle Place St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mrs. Cassie Norman

(a) Residence, No. 4446 West Belle Place Ward. 11
(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: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1864

7. AGE: YEARS 72 MONTHS — DAYS — 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.

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): Murphysboro, Tenn.

FATHER

13. NAME: George Newman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Dorothy (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Ella Lockhardt, 4446 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 1936

19. UNDERTAKER (ADDRESS): W. C. Gordon Und. Co., 2649-51 Delmar Blvd.

20. FILED JUL 30 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to July 27, 1936

I last saw her alive on July 26, 1936. Death is said to have occurred on the date stated above, at 12:38 a.m.

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

Pleurisy Acute cause unknown non T.B. non traumatic probably due to old age

Date of onset

Other contributory causes of importance: Senility

Name of operation — Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) [illegible], M. D.

(Address) 4366 West