CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations, initials, or numbers not acceptable. Illegible, improbable, or incomplete entries will be returned for correction.

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

AUG 18 1936

Do not use this space.

29281
29293

Registration District No. 791
Primary Registration District No. 1003
File No. 8080
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. The Peoples Hospital St. Ward)

2. FULL NAME Pearl James

(a) Residence, No. 3410a Lawton St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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)
F	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	6	11	

OCCUPATION

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

FATHER

13. NAME John Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Emma Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Richard James
(ADDRESS) 3410 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 7-17 19 6

19. UNDERTAKER W Richter
(ADDRESS) 3570 Rutger St

20. FILED JUL 31 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-23- 1935 to 7-6- 1936
I last saw her alive on 7-6- 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Endocarditis	Aug. 1935
Other contributory causes of importance:	
Left hemiplegia following clerebral hemorrhage.	1935
Arteriosclerosis	

Name of operation 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? 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) Allen H. Carter, M. D.
(Address) The Peoples Hospital