

SEP 29 1936

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

Do not use this space.

31036

## 1. PLACE OF DEATH

County JacksonRegistration District No. 299

File No. \_\_\_\_\_

Township 1002Primary Registration District No. 1002Registered No. 38015City St. Louis (No. General Hosp #2)St. 3rd Ward)

## 2. FULL NAME

(a) Residence, No. 1002 E 16th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aphorism  
7. AGE YEARS 72 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Miss.13. NAME R. C. Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi15. MAIDEN NAME Lucy Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi17. INFORMANT Record Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Sledge DATE Aug. 18 - 193619. UNDERTAKER (ADDRESS) Boyle Bros 1708 Tracy20. FILED 9 18 36 M. M. Cropps Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 193622. I HEREBY CERTIFY, That I attended deceased from 8-4, 1936 to 8-11, 1936I last saw her alive on 8-11, 1936 Death is saidto have occurred on the date stated above, at 11:45 A.M.

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

Cerebral Thrombosis Date of onset \_\_\_\_\_Other contributory causes of importance: Emphysema

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? No

If so, specify \_\_\_\_\_

(Signed) D. O. Cropps, M. D.(Address) General Hosp #2

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.

