WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH St. Louis
County Brentwood
Township Centre Jeff
City Brentwood (Ward) Grove (No. Brentwood - Rose St. St. Ward)

Registration District No. 788
Primary Registration District No. 4471

File No. 32232
Registered No. 88

2. FULL NAME Fannie McClue
(a) Residence, No. Rose St. 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 Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnie McClue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown {about 1886

7. AGE Abt. YEARS 50 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. Housework
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) Memphis, Tenn.

FATHER
13. NAME Willie Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Amanda Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Johnie McClue Rose St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Green wood Cem. DATE 8/15/36 19

19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co., 4202 Finney Ave.

20. FILED 8 15 1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1936, to 8-11, 1936
I last saw her alive on 8-11 19 Death is said to have occurred on the date stated above, at 1:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	2 mos

Other contributory causes of importance:

B!

Name of operation Date of
What test confirmed diagnosis Clinical 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) J. Thomas, M. D.
(Address) 8 2 2 a. N. Jefferson