

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **Saint Louis,** (No. **4055 A., Fairfax Avenue**) St. .... Ward)

32531

File No. ....  
Registered No. **8363**

2. FULL NAME **Emma Taylor Tomlin**

(a) Residence, No. **4055A. Fairfax Avenue**, st. **11** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **Unavailable** 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. ~~WIDOWED, OR DIVORCED~~  
**WIFE OF** **Henry Tomlin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**64**

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) **1936** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tennessee**

13. NAME **Unavailable- Myles**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable**

15. MAIDEN NAME **Myra-Unavailable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **II**

17. INFORMANT (ADDRESS) **Kaura Sneed Fox 4175 Enright Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Aug. 12, 1936**

19. UNDERTAKER (ADDRESS) **Charles J. Gates 4107 Finney Avenue**

20. **AUG 17 1936** 19 **W. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 7th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **29th July, 1936**, to **August 7th, 1936**

I last saw her alive on **August 7, 1936** Death is said to have occurred on the date stated above, at **7:20 P.M.**

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

**Gastroenter**

Date of onset

Other contributory causes of importance:

Name of operation **None** 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? **XXXXXX** 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 **Waiter**  
(Signed) **W. Seaton**, M. D.  
(Address) **2740a Franklin Avenue**

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.

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