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.

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

Do not use this space.

35618

File No. 9232

Registered No.

OCT 5 1936

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. CITY HOSPITAL NO. 2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Leona Mitchell

(a) Residence, No. 2728 Pine St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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: Unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1888

7. AGE: Years 48 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME Joe Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Esther Mae Sherard
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Sep. 7 36

19. UNDERTAKER A. Russell Und. Co.
(ADDRESS) 2732 Pine St.

20. FILED SEP 6 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21-, 1936, to 9-1-, 1936
I last saw her alive on 9-1, 1936 Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS	8-21-36

Other contributory causes of importance: -----

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) A. F. Lewis, M. D.

(Address) City Hosp. #2