OCT 5 1936

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

Do not use this space.

35760

File No. 9381

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. PEOPLES HOSPITAL St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ida Pope

(a) Residence, No. 3411 Lucas Av. Ward. 21

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col'd	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOT KNOWN

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mjnt
About 55	Not Known		

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Wynn Ark.

FATHER

13. NAME Allen Randolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynn Ark.

MOTHER

15. MAIDEN NAME Sarah Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynn Ark

17. INFORMANT (ADDRESS) Florence Hopkins 3411 Lucas Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE Sept. 12 1936

19. UNDERTAKER (ADDRESS) A. L. Beal Und. Co. 2726 Locas Av.

20. FILED SEP 11 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-29-, 1936, to 9-8-, 1936

I last saw her alive on 9-8-, 1936. Death is said to have occurred on the date stated above, at 9:30 A.m.

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

	Date of onset
CHRONIC MYOCARDITIS	Sev. yrs
131	
Other contributory causes of importance: CHRONIC NEPHRITIS	?

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?

If so, specify

(Signed) C. M. Jones, M. D.

(Address) 3447 Pine

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.

100M-3-23-35