OCT 5 1936

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

Do not use this space.

36222

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 9869

City St. Louis, Mo. (No. Central Hospital. St. ..... Ward)

2. FULL NAME Doris Mabel Ansley.

(a) Residence, No. 3933a N. Euclid Ave. St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myric E. Ansley. (Vincent)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	3	14	

OCCUPATION

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

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) Ark.

FATHER

13. NAME William H. Vincent.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Myric E. Ansley.
(ADDRESS) 3933a N Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis Tenn DATE Sept 30 1936

19. UNDERTAKER Math Hermann & Son
(ADDRESS) 2161 E Fair Ave.

20. FILED SEP 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 A. M.
The principal cause of death and related causes of importance were as follows:

General Peritonitis due to criminal abortion performed at the hands of parties unknown to the jury

Date of onset

Other contributory causes of importance:

115A

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? Homicide Date of injury Unk
Where did injury occur? Unk
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Unk
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harold D. Stowe M. D.
(Address) 3933 Fair

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.

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