

NOV 4 1936

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

Do not use this space.

39725

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo.

Registration District No.....
Primary Registration District No.....
(No. Barnes Hospital)

791
1003

File No.....
Registered No. 10770
St. Ward)

2. FULL NAME Martha Looper

(a) Residence, No. 3802 Cook Ave. St. 11 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 16 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 9

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)..... 11. Total time (years) spent in this occupation.....

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

13. NAME Ben Moody

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

15. MAIDEN NAME Mary Winrow

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

17. INFORMANT (ADDRESS) Mrs. Rose White
4242 West Belle Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seminole, Okla. DATE 10/28 1936

19. UNDERTAKER (ADDRESS) C. W. Roberts
3035 Lucas Ave.

20. FILED OCT 28 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 - 13 - 1936, to 10 - 25th, 1936
I last saw her alive on 10 - 25th, 1936. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:

HYPERTENSIVE HEART DISEASE (Date of onset)
UREMIA due to Hy failure 2 1/2 wks not nephritic
9562
Other contributory causes of importance:
SECONDARY ANEMIA 2 1/2 wks

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 Sydney B. Maugh, M. D.
(Signed) Sydney B. Maugh
(Address)

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.

