

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4 1936

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

Do not use this space.

39776

791

1008

File No. _____
Registered No. 10823
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. CITY HOSPITAL NO. 2) St. _____ Ward _____

2. FULL NAME Fannie May Divine

(a) Residence, No. 2307 Chestnut St. 21 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 10-21- 1936 to 10-20- 1936
I last saw her alive on 10-20- 1936 Death is said to have occurred on the date stated above, at 12:50 P. M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 10 14

MEMINGITIS, non-epidemic Date of onset 10-12
36

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

79a
Other contributory causes of importance: _____

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

13. NAME William Hart

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

15. MAIDEN NAME Nina Venerable

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. _____

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

17. INFORMANT (ADDRESS) Ruth May Shepard
2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Oct. 30, 1936

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Ira Hamilton
City Health Dept.

20. Oct 29 1936 19____ JT Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. Owen Blache M. D.
(Address) 2945 Lawton Ave.

