

DEC 4 1936

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

Do not use this space.

39948

1. PLACE OF DEATH

County Catland Registration District No. 1123
Township Roch mo. Primary Registration District No. 6248B
City Roch Hospital (No.) St. Ward)

File No.
Registered No. 397
St. Ward)

2. FULL NAME

(a) Residence, No. 2125 Eugene St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Meridian, Miss

13. NAME Tom Carter

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

15. MAIDEN NAME Thanie Brown

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

17. INFORMANT History (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct. 19 1936

19. UNDERTAKER Blueson (ADDRESS) 215 So. Jefferson - St. Louis Mo.

20. FILED DEC 19 1936 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to Oct 15 1936
I last saw her alive on Oct 15 1936 Death is said to have occurred on the date stated above, at 12:25 P.

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

Ch. Pulmonary Tuberculosis
Pulmonary haemorrhage

Date of onset Jan 1934

Other contributory causes of importance:

Name of operation A. Heine operation Date of June 1936
What test confirmed diagnosis? Spitzer Was there an autopsy? Yes

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) Dawn E. Sandy M. D.
(Address) Roch Hospital
Roch, Mo.

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.

