

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.

JAN 10 1937

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

Do not use this space.

**1. PLACE OF DEATH**  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **ST. LOUIS** (No. **CITY HOSPITAL NO. 2**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** **RUTH HOLMES**  
 (a) Residence, No. **3222a (R) LaSalle** St., **18** Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **34** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**46309**  
 File No. \_\_\_\_\_  
 Registered No. **12095**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Fem.** **4. COLOR OR RACE** **Negro** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** **Single**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **4-25-1902**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>34</b>	<b>7</b>	<b>12</b>	

**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.** **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)** **Missouri**

**MOTHER**  
**13. NAME** **William Holmes**  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Mississippi**  
**15. MAIDEN NAME** **Rachel Croom**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Alabama**

**FATHER**  
**17. INFORMANT** **Ruby Perdeau**  
 (ADDRESS) **2945 Lawton Ave.**

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **Wheatwood** DATE **Dec 12 1936**

**19. UNDERTAKER** **F. A. Grier**  
 (ADDRESS) **2915 Franklin**

**20. REGISTRAR** **J. Bredeck**  
 (Address) \_\_\_\_\_ Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **12-7-** 19**36**

**22. I HEREBY CERTIFY**, That I attended deceased from **12-3** 19**36** to **12-7-** 19**36**  
 I last saw her alive on **12-7-** 19**36** Death is said to have occurred on the date stated above, at **9:20 P. M.**  
 The principal cause of death and related causes of importance were as follows:  
**PULMONARY TUBERCULOSIS** **12-3-** 19**36**  
 Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ no \_\_\_\_\_  
 What test confirmed diagnosis? **clinical** 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) **W. L. Lewis**, M. D.  
 (Address) **2945 Lawton Ave.**

DEC 9 1936

