

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

Do not use this space.

47127

1. PLACE OF DEATH

96
30
9

County

Township

City St. Louis, Mo.

FEB 8 1937

Registration District No. **791**

Primary Registration District No. **1003**

(No. 2107a Wash St.)

File No. **57**

Registered No.

St. Ward)

2. FULL NAME Ruby Lee Stinson

(a) Residence, No. 2107 A. Wash St. St., 21 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 27th, 1909</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>6</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Artesia
(STATE OR COUNTRY) Mississippi

13. NAME Charles Stinson

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

15. MAIDEN NAME Sarah Snell

16. BIRTHPLACE (CITY OR TOWN) Artesia
(STATE OR COUNTRY) Mississippi

17. INFORMANT Sarah Stinson
(ADDRESS) 2107 A. Wash. St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father's Church DATE 1-3 1936

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILED JAN 2 1937
J.F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1936, to 12/31, 1936.
I last saw her alive on 10/31/36, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Other contributory causes of importance: 23

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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) D. J. G. Taylor, M. D.
(Address) 31300 Hawthorn

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.

1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The second part of the report deals with the specific work done during the year, and the third part discusses the work planned for the next year.

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