

JAN 26 1937

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

Do not use this space.

47179

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City Koch, Mo

Registration District No. 1123  
Primary Registration District No. 6248B  
(No. Koch Hospital)

File No. \_\_\_\_\_  
Registered No. 485  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Pearlie Charles  
(a) Residence, No. 1357a Jefferson 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Charles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1899

7. AGE YEARS 37 MONTHS 7 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Suberg Africa

13. NAME Robert Bailey

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

15. MAIDEN NAME Margaret Ash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT History (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's home DATE 12-29 1936

19. UNDERTAKER (ADDRESS) 2826 Woodland St

20. FILED Dec 26 1936 J. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Dec 26 1936

I last saw her alive on Dec 25 1936 Death is said to have occurred on the date stated above, at 7:25 A m.

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

Ch. Pulmonary Tuberculosis Date of onset 1930

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

Name of operation Intra-capsular Date of 1932

What test confirmed diagnosis? Skatton 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? No

If so, specify \_\_\_\_\_ (Signed) Osney E. Lundy M. D.

(Address) Koch Hospital  
Koch, 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.

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