

FEB 25 1937

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

Do not use this space.

49000

1. PLACE OF DEATH

County Jackson
Township 1st
City St. C. Mo. (No. General Hospital #2 3rd Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 1 223
Registered No. 3rd

2. FULL NAME

(a) Residence, No. 3338 Kenner St., 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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Still Born

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

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) St. C. Mo.

MOTHER / FATHER

13. NAME Shatter Johnson

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

15. MAIDEN NAME Sarah Smith

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenview DATE Sept. 10 1936

19. UNDERTAKER (ADDRESS) Met. Appl. & Jewels 1600 E. 19th St. St. Louis

20. FILED Sept 9 1936 m. m. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1936 to 9-3 1936. I last saw her alive on 9-3 1936 death is said to have occurred on the date stated above, at 9:45 A.M. The principal cause of death and related causes of importance were as follows:
Still Born

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis 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? No
If so, specify
(Signed) General Hosp. #2 M. D.
(Address)

MAGNIN RESERVED FOR BINDING

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.

V. S. NO. 2 100 7-2-28-33

