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.

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

FEB 8 1937 791

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. 1003 File No. 3404

Township ..... Primary Registration District No. ..... Registered No. 436

30 City St. Louis (No. City Hospital No. 2 St. ..... Ward)

9 2. FULL NAME Etta Moore Cole

(a) Residence, No. 3308 Franklin St., 21 Ward. 1
(Usual place of abode) (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: 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) August 21, 1900

7. AGE: YEARS 36 | MONTHS 4 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning Bldgs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. Worker 309
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) Mississippi 2

FATHER

13. NAME Willie Littlejohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

MOTHER

15. MAIDEN NAME Joeanna Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Rock Ark DATE Jan 11 - 1937

19. UNDERTAKER (ADDRESS) Mullen-Dailes 3054 Thomas St

20. FILED JAN 11 1937 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1937, to January 8, 1937

I last saw her alive on January 8, 1937. Death is said to have occurred on the date stated above, at 1:35 A. M.

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

Uterine Fibroid, non malignant — Date of onset 1/1/37

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Other contributory causes of importance:

Pelvic Inflammation, probably caused by syphilis

Name of operation ..... 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? 1

If so, specify .....

(Signed) Thomas C. McFall, M. D.

(Address) 2945 - Lawton Blvd