

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

Do not use this space.

**1. PLACE OF DEATH**

96  
80  
9  
County .....  
Township .....  
City St. Louis, Mo. (No. ....)

**FEB 8 1937**      **791**  
Registration District No. ....  
**1003**  
City Hospital No. 2

**3443**  
File No. ....  
Registered No. **475**  
..... St. .... Ward)

**2. FULL NAME** Orean Tillman

(a) Residence, No. 1129a N. 16th St., 25 Ward. 1  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Col.      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>29</u>	<u>8</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	<u>Housework</u> <sup>30</sup>
	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) (STATE OR COUNTRY) Miss. <sup>2</sup>

FATHER 13. NAME Henry Boone

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown <sup>31</sup>

MOTHER 15. MAIDEN NAME Docia Coffee

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown <sup>31</sup>

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

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Park DATE 1-12 1937

19. UNDERTAKER W. P. Richardson  
(ADDRESS) 2945 Lawton Ave.

20. FILED JAN 12 1937  
W. P. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7- 1937, to 1-9- 1937

I last saw her alive on 1-9- 1937 Death is said to have occurred on the date stated above, at 9:00 A. M.

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

Lobar Pneumonia, (Rt.)      Date of onset 1-7- 37

Other contributory causes of importance: 108

Name of operation ..... Date of .....  
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) A. J. Lewis, M. D.  
(Address) 2945 Lawton Ave.

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.

