

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

Do not use this space.

1. PLACE OF DEATH

County.....

FEB 8 1937 **791**
Registration District No.

File No. **3658**
Registered No. **698**
St. Ward)

Township.....

Primary Registration District No. **1003**

City **St. Louis mo** (No. **2822** Adams)

2. FULL NAME Clara Durrin

(a) Residence, No. 2822 S Adams St. 22 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Wm. Durrin

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

unknown

7. AGE

abt 39

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House work

10. Date deceased last worked at this occupation (month and year).....

Oct 20, 1936

11. Total time (years) spent in this occupation.....

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

La.

FATHER

13. NAME

George Washington

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

La.

MOTHER

15. MAIDEN NAME

unknown

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

La.

17. INFORMANT (ADDRESS)

Edna Gibson 2822 S Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park - 18

19. UNDERTAKER (ADDRESS)

Atkins Bros & Co 3644 Fenway Ave

20. FILED

13 1937

Registrar.

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

Jan 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from

10-20-36 to Jan 13th 1937

I last saw him alive on Jan 13th 1937. Death is said

to have occurred on the date stated above, at 4. A. m.

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

uterine carcinoma

Date of onset

Other contributory causes of importance:

Septic Absorption

Name of operation..... 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).....

(Address) 2804 Franklin Ave M. D.

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.

