

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**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis, Mo. (No. ....)

**FEB 8 1937**  
 Registration District No. 791  
 City Hospital No. 1008

File No. 3870  
 Registered No. 909  
 St. .... Ward)

**2. FULL NAME**

Temphis McCann

(a) Residence, No. 819a O'Fallon 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 20 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>54</u>	<u>10</u>	<u>25</u>	

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. Private Family  
 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

13. NAME Albert Farral

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

15. MAIDEN NAME Anna Farral

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 1/21/37

19. UNDERTAKER S. Wade Und. Co., (ADDRESS) 4202 Finney Ave.

20. FILED JAN 21 1937 J. P. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11-1937 to 1-15-1937

I last saw h. or alive on 1-15-1937 Death is said to have occurred on the date stated above, at 1:45 A. M.

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

Hypertensive Heart Disease Date of onset 1-11-37

Other contributory causes of importance: -----

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. L. Lewis, M. D.  
(Address) 2945 Lawton Ave.

