

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. *1724, N. Taylor 2*)

2. FULL NAME *CHARITY MADISON*
(a) Residence, No. *1724 N. TAYLOR* St. *11* Ward. *1*
(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.

Registration District No. *791*
Primary Registration District No. *1003*

File No. *4047*
Registered No. *1090*
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE*
4. COLOR OR RACE *NEGRO*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *WIDOWED*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 17, 1880*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
56 2 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Private Home*
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) *Dec. 24, 1937*
11. Total time (years) spent in this occupation

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

13. NAME *UNKNOWN*

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

15. MAIDEN NAME *MARY JACKSON*

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

17. INFORMANT *JOSEPH MADISON*
(ADDRESS) *1724 N. TAYLOR ST.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *WASHINGTON PARK* DATE *1. 25, 1938*

19. UNDERTAKER *Atkins Bros and Co*
(ADDRESS) *3644 Grand ave*

20. FILED *25* 19 *10-27*
J. F. Fredrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 21 - 1937*
22. I HEREBY CERTIFY That I attended deceased from *1 mo by Post Office* 19 *Jan 21* 1937
I last saw her alive on *Jan 16th* 1937. Death is said to have occurred on the date stated above, at *6 A.M.*
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with hemiplegia (Right side)
Other contributory causes of importance: Sclerosis of ocular arteries
hypertension

Name of operation..... Date of.....
What test confirmed diagnosis *Physicae funting* Was there an autopsy? *-*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *X* Date of injury....., 19.....
Where did injury occur? *X* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *X*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *J. P. B. Reed*
(Signed) *J. P. B. Reed* M. D.
(Address) *2148 1/2 Franklin*

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.

