

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County 000 30 9 Registration District No. 791  
Township 9 City Registration District No. 1003  
City St. Louis (No. City Hospital No. 2)  
File No. 8735  
Registered No. 2199  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cora Evans

(a) Residence, No. 1829 a Carr St. 26 Ward 1  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 2

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

13. NAME Jim Hamilton

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

15. MAIDEN NAME Bukie Harris

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

17. INFORMANT B. Pardeau  
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 2-23-37

19. UNDERTAKER E. L. Garner  
(ADDRESS) 2829 Washington Ave

20. FILED FEB 23 1937 J. F. Bredeck  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 19 37, to Feb. 19, 19 37

I last saw her alive on Feb. 19, 19 37 Death is said to have occurred on the date stated above, at 7:50 A. M.

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

Lobar Pneumonia Date of onset 2-1-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) J. Owen Blaeche, M. D.  
(Address) 2945 Lawton

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