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 005 Registration District No. 791

Township 30 Primary Registration District No. 1003

City St. Louis 9 (No. City Hospital No. 2 / St. Ward)

File No. 8783

Registered No. 2251

2. FULL NAME Ada Mae McNair

(a) Residence, No. 2310 Walnut St., 22 Ward. /
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 27, 1912

7. AGE: YEARS 24 | MONTHS 3 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Housewife

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): Tennessee

FATHER

13. NAME: George Luster

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

MOTHER

15. MAIDEN NAME: Matilda Shaw

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

17. INFORMANT (ADDRESS): R. Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL: Washington Park Feb 25

PLACE St Louis 4 DATE 2-17 1937

19. UNDERTAKER (ADDRESS): W Rochter Pope Underlay 3500 Rutger St 3506 Grand Ave

20. FILED FEB 24 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw her alive on Feb. 15, 1937 Death is said to have occurred on the date stated above, at 12:12 a. m.

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

	Date of onset
Tubal Abortion with Pelvic Hematocele Unknown as to Lesetical	2-11-37

Other contributory causes of importance:

142b

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Thomas C. McFall, M. D.

(Address) 2945 Lawton

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.

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