

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.

APR 9 1937

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No.....

Primary Registration District No.....

(No.....)

791

1003

City Hospital No. 2

File No.....

Registered No.....

St.....

Ward.....

10402

2974

2. FULL NAME

Cora Blackwell

(a) Residence, No.....

1230 Missouri

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 22 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)

Seperated

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

unknown

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

About 35

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.

at home.

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)

Tenn.

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Sara Huston

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Ruby Perdeau

2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood Cem.

DATE 3/19/37

19. UNDERTAKER

(ADDRESS)

S. Wade Und. Co.

4202 Finney Ave.

20. FILED

MAR 17 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-14-

19 37

22. I HEREBY CERTIFY, That I attended deceased from 3 - 10 - 37, to 3-14-1937.

I last saw h. er alive on 3-14-1937. Death is said to have occurred on the date stated above, at 3:40 A. M.

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

Date of onset

Septicemia - from

3-10-37

Streptococcus Hemolyticus

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis? Clinical

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)

(Address)

2945 Lawton

