

APR 9 1937

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

Do not use this space.

File No. 10918
Registered No. 3492
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis, Mo. (No. 3019, MADISON)

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

2. FULL NAME

(a) Residence, No. 3019 MADISON St., 11 Ward.

(Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|---|
| 3. SEX <u>FEM.</u> | 4. COLOR OR RACE <u>Col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JEFF EDWARDS</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB. 19, 1903</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>34</u> | <u>1</u> |
| | | <u>9</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>HOUSEWORK</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from March - 22nd - 1937 to March - 28th - 1937

I last saw her alive on March - 28th - 1937. Death is said to have occurred on the date stated above, at 5:20 P.M.

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

acute capillary Bronchitis Date of onset
March - 22nd - 1937

1076

Other contributory causes of importance:
Exposure to cold

12. BIRTHPLACE (CITY OR TOWN) NEW MADRID
(STATE OR COUNTRY) MO.

13. NAME IKE BYRD

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

15. MAIDEN NAME MARGARET

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

17. INFORMANT JEFF EDWARDS
(ADDRESS) 3019 MADISON ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW MADRID, MO DATE 4-2-37, 1937

19. UNDERTAKER F. M. MATT, TONEY CO.
(ADDRESS) 3436 LAWTON BLVD.

20. FILED MAR 31 1937
J. F. Bredek
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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? No
If so, specify none

(Signed) A. W. Johnson, M. D.
(Address) 10960 N. Grand

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.

50A-10-22-36 I X314

