

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.

MAY 7 1937

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No.....  
Primary Registration District No.....  
(No. 1536 Papin Street)

791  
1003

14077  
File No.....  
Registered No. 3573  
St. .... Ward)

2. FULL NAME Colota McDougal

(a) Residence, No. 4354 Finney St. 11 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 60 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. B. Bates (ADDRESS) 4354 Finney Ave

18. BURIAL, CREMATION, OR REMOVAL Ill PLACE Edwardsville DATE 4-3 1937

19. UNDERTAKER W. M. Quinn (ADDRESS) 3511 Saddle Ave

20. FILED APR 2 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 .19 37

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1937, to March 30, 1937

I last saw her alive on March 30, 1937 Death is said

to have occurred on the date stated above, at 5:30A.m.

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

Date of onset

Hypertensive Heart Disease  
Metral Insufficiency

Other contributory causes of importance:

Pneumonia

Name of operation O. M. Esplan Date of 3-30-37

What test confirmed diagnosis? Autopsy 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) Louise D. Alexander, M. D.

(Address) 170 Manji Superior

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