

MAY 7 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Mary's Infirmary Registration District No. 791
Township 1003 Primary Registration District No. 1003
City (No. 1536 Papin Street, St. Louis, Mo. // St. ST MARY'S INFIRMARY Ward)

14437

File No. 3933
Registered No. 3933

2. FULL NAME Miller, Dolly

(a) Residence, No. 3127a Sheridan St. 2/ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 6th 1899

7. AGE YEARS 40 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

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

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

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) Wynne Ark

13. NAME James Aruthur Brown

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

15. MAIDEN NAME Francis Gillium

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

17. INFORMANT Frank Miller (ADDRESS) 3127 a Sheridan

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4/15/ 19 37

19. UNDERTAKER Ellis Funeral Home. (ADDRESS) 2820 Stoddard St.

20. FILED 19 37 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 19 to April 9, 1937

I last saw her alive on April 9 19 37. Death is said

to have occurred on the date stated above, at 1:09 m.

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

Hypertensive Heart Disease Date of onset

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) W. W. ... M. D.

(Address) St. Mary's Infirmary

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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APR 14 1937

