

MAY 7 1937

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

Do not use this space.

14604

1. PLACE OF DEATH

 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Saint Louis** (No. **4031** **Finney Avenue** St. _____ Ward)

 File No. _____
 Registered No. **4100**

 2. FULL NAME **Matilda Henry**
 (a) Residence, No. **4031** **Finney Avenue** St. **23rd** 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 **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF ~~MARRIED~~ WIDOWED, OR DIVORCED: **Widowed**
 (OR) HUSBAND OF **William Henry** (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1, 1870**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 13

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APR 14 1937**, 19
 22. I HEREBY CERTIFY, That I attended deceased from **March 28th**, 19**37**, to **April 14th**, 19**37**
 I last saw her alive on **April 14th**, 19**37** Death is said to have occurred on the date stated above, at **10:30 p.m.**
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Possibly Pulmonary I.P.
 Name of operation **None** Date of _____
 What test confirmed diagnosis? **Clinical** 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) **J. H. Gage** M. D.
 (Address) **11 North Jefferson Avenue**

 OCCUPATION **Housework**
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) **April 14, 1937** 11. Total time (years) spent in this occupation **Unk.**
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cape Girardeau Missouri**
 MOTHER FATHER 13. NAME **Thomas Goines**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cape Girardeau Missouri**
 MOTHER 15. MAIDEN NAME **Unavailable**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cape Girardeau Missouri**
 17. INFORMANT **Marie Taylor**
 (ADDRESS) **4031 Finney Avenue**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **April, 19, 1937**
 19. UNDERTAKER **Charles S. Gater**
 (ADDRESS) **4107 Finney Avenue**
 20. **APR 19 1937** 19 **J. H. Gage** Registrar.

Exact statement of OCCUPATION is very important. PHYSICIANS should state

