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.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3449 Pine St. St. ..... Ward)

File No. 17985

Registered No. 4561

2. FULL NAME Esther Scurry

(a) Residence, No. 1212 Whittier St. 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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15, 1897

7. AGE: YEARS 39 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.

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): St. Louis Missouri

FATHER

13. NAME: Wm. Gaunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baton Rouge Louisana

MOTHER

15. MAIDEN NAME: Sally Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Missouri

17. INFORMANT (ADDRESS): Naomi Holt 1212 Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE May 3, 1937

19. UNDERTAKER (ADDRESS): A. Russell Undertaking Co. 2732 Pine Street

FILED MAY 3 - 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21st, 1937, to April 30, 1937

I last saw her alive on April 30, 1937. Death is said to have occurred on the date stated above, at 4 A m.

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

Intestinal Obstruction — Date of onset April 21st

Other contributory causes of importance: Cancer of Sigmoid

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

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. A. Young, M. D.

(Address) 2316 Market