

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

Do not use this space.

JUN 12 1937

18440

1. PLACE OF DEATH

County..... Registration District No. **1791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No.) City, Hospital St. Ward)

2. FULL NAME Mary Coombs

(a) Residence, No. **Coulterville** **ILL** St. 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 White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10th 1874					
7. AGE YEARS		MONTHS		DAYS	
62		11		7	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work					
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)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.					
13. NAME Elie Brown					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.					
15. MAIDEN NAME Not Known					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.					
17. INFORMANT Ernest Combs (ADDRESS) 3414 N 14th					
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 19th 1937					
19. UNDERTAKER Edward Kesch (ADDRESS) 3516 4th St					
20. FILED MAY 18 1937 J. F. Bredeck Registrar.					

No Physician MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **17** m.
 The principal cause of death and related causes of importance were as follows:
Entered Seclusion Date of onset
Cont: - Fracture Left Femur suffered when she fell in her home at Coulterville Ill. on or about May 3 - 1937
 Other contributory causes of importance:
Coulterville Ill. on or about May 3 - 1937
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **accident** Date of injury **5/3, 1937**
 Where did injury occur? **Ill.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Home**
 Manner of injury **See above**
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **Joseph M. D...** M.D.
 (Address) **...**

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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