

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

Do not use this space.

AUG - 5 1937

1. PLACE OF DEATH

County .....  
Township .....  
City Saint Louis

2  
1  
Registration District No. 791  
Primary Registration District No. 1003  
(No. 3741 Cook Avenue;

25462  
File No. ....  
Registered No. 6636  
St. .... Ward)

2. FULL NAME Ruth Nixon

(a) Residence, No. 3741 Cook Avenue 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 Unavailable 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, GIVE NAME OF (OR) WIFE OF Leo Nixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or' ..... min.  
31 9 27

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) Thomasville  
(STATE OR COUNTRY) Alabama

13. NAME George W. Eskridge

14. BIRTHPLACE (CITY OR TOWN) Unavailable  
(STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Anna Grayson

16. BIRTHPLACE (CITY OR TOWN) Thomasville  
(STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Anna Eskridge  
3741 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 12, 1937

19. UNDERTAKER (ADDRESS) Charles G. Batts  
4107 Finney Avenue

20. FILED July 10 1937 J. B. Beck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 19 37 July 19 37

I last saw her alive on July 9, 19 37 Death is said

to have occurred on the date stated above, at 9:45 A.M.

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

Pulmonary Tuberculosis

Date of onset  
6/20/37

Other contributory causes of importance:

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? no

If so, specify .....

(Signed) J. P. F. [Signature], M. D.

(Address) 822a North Jefferson

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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