AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

25483

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6657

City St. Louis (No. 2601 N Whittier St. ..... Ward)

2. FULL NAME MATILDA FRIERSON

(a) Residence, No. 1023 S Compton St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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: Col.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Frierson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	6	7	

OCCUPATION

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

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): Mississippi

FATHER

13. NAME: Sam Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Caroline Revish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbus Miss DATE July 13 1937

19. UNDERTAKER (ADDRESS): Jas H. Randle & Son, 920 No Leonard Ave

20. FILED JUL 10 1937 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to July 8, 1937

I last saw her alive on July 8, 1937. Death is said to have occurred on the date stated above, at 1:25 Pm.

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

	Date of onset
Pulmonary Tuberculosis	6/22/37

Other contributory causes of importance:

Name of operation ..... 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.