

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis, Mo.*

(No. *St. Mary's Inf 1536 Capin*) St. Ward)

File No. **25623**

Registered No. **6797**

2. FULL NAME *Mary Belle Angell*

(a) Residence, No. *2905 Lawton* St., **21** Ward.

(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 *Jerry Angell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1874*

7. AGE YEARS MONTHS DAYS *alt. 63 1 -* If LESS than 1 day,hrs. ormin.

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) *Ky.*

13. NAME *Jam Watkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Allice Ellis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

17. INFORMANT (ADDRESS) *Jerry Angell 2905 Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hopkinsville Ky* DATE *July 16, 1937*

19. UNDERTAKER (ADDRESS) *J. H. Harrison 1536 Capin*

20. FILED **JUL 15 1937** *J. L. Breddick* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13 1937*

22. I HEREBY CERTIFY That I attended deceased from *July 7 1937 to July 13 37* I last saw him alive on *July 12 1937* Death is said to have occurred on the date stated above, at *4:50 Am.*

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

Arterio Sclerotic Heart Disease & Hypertension
Other contributory causes of importance: *AS*

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?..... 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) *Luigi S. Alexander*, M. D. (Address) *St. Mary's Infirmary*

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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