AUG - 5 1937

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

Do not use this space.

25837

1. PLACE OF DEATH

County ..... 2 / Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7011

City Saint Louis (No. 2829 Lawton Avenue St. ..... Ward)

2. FULL NAME Sophronia Wilson

(a) Residence, No. 2829 Lawton Avenue St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1867

7. AGE: YEARS 69 MONTHS 11 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
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) Unknown
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

FATHER

13. NAME Ben King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennennessee

MOTHER

15. MAIDEN NAME Minerva--Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Annie Mary Hoard 2829 Lawton Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville, Tenn DATE July 23 1937

19. UNDERTAKER (ADDRESS) Charles A. Gates 4107-09 Finney Avenue

20. FILED JUL 23 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1937, to July 21st, 1937 I last saw her alive on July 21st, 1937. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset

Other contributory causes of importance: age.

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?
If so, specify .....
(Signed) Dr Edward Bell, M. D.
(Address) 2901a Laclede Avenue

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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