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.

SEP 10 1937

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

Do not use this space.

28825

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7458

Township ..... Primary Registration District No. 1003 Registered No. 7458

City St. Louis (No. St. Mary's Inf. St. ..... Ward)

2. FULL NAME Bell Haymon

(a) Residence, No. 4242 W. N. Market St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fem.
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 Henry Hayman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1878

7. AGE: 58 YEARS, MONTHS: 9, DAYS: 29. If LESS than 1 day, ... hrs. or ..... min.

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) Ill.

FATHER

13. NAME Martin Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Bell (unk).
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Henry Hayman 4242 W. N. Market

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 8/7/37, 19

19. UNDERTAKER (ADDRESS) R. M. C. Green 3517 Laclede Ave.

20. FILED AUG 6 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, to Aug. 3, 1937. I last saw her alive on Aug. 3, 1937. Death is said to have occurred on the date stated above, at 1055 p m. The principal cause of death and related causes of importance were as follows:

Aplastic Anemia — Date of onset 3 mths

7/a

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

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) W. A. Young, M. D.
(Address) 2316 Market

19

1937 - 8 - 33

1878 - 10 - 8

58 - 9 - 25