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.

FEB 12 1938

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

Do not use this space.

1088

791

1003

File No.

Registered No. 944

1. PLACE OF DEATH

County

Township

City St. Louis (No. Homer G. Phillips Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Donna Ray Boone 500

(a) Residence, No. 2664 Lucas Avenue St., 21 Ward.
(Usual place of abode)

(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: F

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-38

7. AGE: YEARS | MONTHS | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis, Mo. 0

FATHER

13. NAME - 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - 1

MOTHER

15. MAIDEN NAME Beatrice Boone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Ark.

17. INFORMANT (ADDRESS) Esther M Sherard 2601 N Whittier Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE JAN 27 1938 19

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept

20. FILED JAN 26 1938 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8-, 1938, to 1-13-, 1938

I last saw her alive on 1-13-, 1938 Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Premature Newborn

Date of onset

Other contributory causes of importance:

159

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) R Thorwell, M. D.

(Address) 2601 N Whittier Street