

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.

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

Do not use this space.

REC'D APR 11 1938

791
1003

9342
2931

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis, Mo* (No. *805th N. 20th St.*) St. *16th* Ward)

2. FULL NAME

Still born (Baby Overton)
(a) Residence, No. *805th N. 20th St.* St. *16th* Ward. *21*
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
4. COLOR OR RACE *Colored*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 3, 1838*

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

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*

13. NAME

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

15. MAIDEN NAME *Maggie Overton*

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

17. INFORMANT (ADDRESS) *Maggie Overton 805th N. 20th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cem* DATE *3-31-38*

19. UNDERTAKER (ADDRESS) *City Health Dept. Ira Hamilton*

20. FILE NO. *MAR 29 1938 J.F. Budeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 3, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *March 3, 1938* to *March 3, 1938*
I last saw *Still born* *March 3, 1938*. Death is said to have occurred on the date stated above, at *10:50 a.m.*
The principal cause of death and related causes of importance were as follows:

Still born
Date of onset *Mar. 3*

Other contributory causes of importance: *not known*

Name of operation..... 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? *No*
If so, specify.....
(Signature) *J. F. Lowery*, M. D.
Address *1711 N. 10th*

