

REC'D JUL 12 1938

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

Do not use this space.

19996

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No. City Hospital #1.)

File No.

Registered No.

St. Ward)

2. FULL NAME. Frances Black(a) Residence, No. 508 Chestnut St. St. 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

Female b

4. COLOR OR RACE

White

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

Widowed

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

Ewell Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

#5

#2

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.

Housework

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) Tennessee

FATHER

13. NAME

James Adcock

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

Tenn.

MOTHER

15. MAIDEN NAME

Sarah Travis

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

Tenn.

17. INFORMANT Ewell Miltenberger
(ADDRESS) R. F. D. 13, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews Cem. DATE 6/6/3819. UNDERTAKER Craig Und. Co.
(ADDRESS) 4468 Washington Blvd.20. FILED J JUN 5 1938J. P. Buehler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938 .19

22. I HEREBY CERTIFY, That I attended deceased from

5-27, 1938, to 6-4-38, 1938.I last saw her alive on 6-4-38, 1938. Death is saidto have occurred on the date stated above, at 11 A. m.

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

Tuberculosis

Date of onset

Other contributory causes of importance

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? 1

If so, specify.....

(Signed) Charles M. Jessico, M. D.(Address) St. Louis City Hospital

