DEC'D MAR 9 1939

8 1939

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

Do not use this space.

7880

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch (No. 425, Koch Hosp. St. Ward)
Registration District No. 784
Primary Registration District No. 200
File No.
Registered No. 229

2. FULL NAME Addie Pleasant
(a) Residence, No. 2719a St. Louis Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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): Wido.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin William Pleasant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/14/01
7. AGE: YEARS 37, MONTHS 10, DAYS 18; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 7/1937
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pine Bluff, Ark.

FATHER
13. NAME: David Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville, Miss.

MOTHER
15. MAIDEN NAME: Sarah Mason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Koch Hospital Records.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 2-8, 1939
19. UNDERTAKER (ADDRESS): A D Richardson 2625 Glasgow
20. FILED FEB 8 1939 T. R. Meyer M.D. D.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/2, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1938, to 2/2, 1939
I last saw her alive on 2/2, 1939. Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1936
Pulmonary Hemorrhage, Tuberculous	2/2/39

Other contributory causes of importance:

Tuberculosis of Larynx (?)	Feb. 1938
Serous Pleurisy, Right.	Feb. 1938

Name of operation: Pneumothorax, Rt. Date of 4/10/37
What test confirmed diagnosis? Sputum + X-ray 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? No
If so, specify
(Signed) S. G. McCool, M. D.
(Address) Koch, Mo.

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.

C D Richardson

License Nr 292D

2625 Glasgow