REC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County 2 Registration District No. 791 File No. 12815

Township 1 Primary Registration District No. 1003 Registered No. 3157

City St. Louis (No. 1014 N. 17th St. Ward)

2. FULL NAME 520 Ida Thomas

(a) Residence, No. 1014 N. 17th St., 125 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7 - 12 - 1887

7. AGE: YEARS 51 MONTHS 8 DAYS ~~30~~ 19 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

FATHER

13. NAME: Unknown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Grace Green 1014a N. 17th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE 4/6/ 1939

19. UNDERTAKER (ADDRESS): C. W. Roberts 3035 Lucas Ave.

20. FILED APR 3 1939 J. F. Budick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 1939, to April 1st, 1939

I last saw her alive on April 1st, 1939. Death is said to have occurred on the date stated above, at 345A m.

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

Date of onset

acute myocarditis
Probable caused from an old chr. myocarditis

Other contributory causes of importance:

93C

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? No

If so, specify .....

(Signed) S. Sidlett, M. D.

(Address) 928 N. 14th St

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.

Arthur L. Hilliard
No # 3389
3028 Dickson St