REC'D MAY 10 1939

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

791
1003

12954
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 3296

(c) or City St. Louis Mo. (d) Street No. Homer Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

623

2. PRINT FULL NAME Willie Belle Barksdale

(a) Residence, No. 4460 Page Blvd. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th 1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18	8	27	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Vashon High Sch.

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) Thornton Mississippi

FATHER

13. NAME Willie Barksdale

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

MOTHER

15. MAIDEN NAME Mary L. Lars

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

17. INFORMANT (ADDRESS) Mary Barksdale 4460 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Apr. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Ave.

20. FILED APR 8 1939 J. F. Budrick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1939, to April 5, 1939

I last saw her alive on April 5, 1939. Death is said to have occurred on the date stated above, at 12:35a m.

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

	Date of onset
Advanced pulmonary tuberculosis	1/12/39

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Wallace Fingal, M. D.

(Address) 2601 N. Whittier St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.