

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

Do not use this space.

36065

File No. 10586  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 707  
Township \_\_\_\_\_ Primary Registration District No. 303  
City St. Louis (No. 3437 Lucas)

**2. FULL NAME**

(a) Residence, No. 3437 Lucas St. 21 Ward. (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 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>10</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
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) Columbia (STATE OR COUNTRY) Tenn.

13. NAME Elijah Jones

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

15. MAIDEN NAME Mary Sanders

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

17. INFORMANT Ella Young (ADDRESS) 1217 N. Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Oct. 18, 1931

19. UNDERTAKER Manuel Undertaking Co (ADDRESS) 4054 Franklin

20. FILED Oct 18 1931 19. Max G. Parkoff Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Oct 15, 1931

I last saw her alive on Oct 15, 1931. Death is said to have occurred on the date stated above, at 2:20 p.m.

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

Acute Gastritis  
1180 / 118

Other contributory causes of importance:

Gas pressure on the heart caused apoplexy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
(Signed) W. S. Simpson, M. D.  
(Address) 4559 Leath

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.

