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.

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

OCT 11 1934

Do not use this space.

34199

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2807 Lambdin Ave. St. ..... Ward)

File No. .....

Registered No. 8985

2. FULL NAME Annie Bingham

(a) Residence, No. 2807 Lambdin Ave. St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 4th 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	7	2	

OCCUPATION

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

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) March 7th 1934

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calyx Mississippi

FATHER

13. NAME Jesse Beverly

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

MOTHER

15. MAIDEN NAME Mary Young

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

17. INFORMANT Lucy Lee
(ADDRESS) 2807 Lamdin Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Sept 10th 1934

19. UNDERTAKER Charles L. Gates
(ADDRESS) 4107 Finney Ave.

20. FILED SEP -8 1934 J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1934 to 9-6-, 1934

I last saw her alive on 9-6-, 1934 Death is said to have occurred on the date stated above, at 9:..a.m. m.

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

	Date of onset
Chronic Nephritis (interstitial)	
131	

Other contributory causes of importance:

131

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? ✓

If so, specify ✓

(Signed) J. H. Edwards, M. D.

(Address) 4419 Delmar Blvd.

100M-11-24-33