JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary

County ..... Registration District No. 791 File No. 45130

Township ..... Primary Registration District No. 1003 Registered No. 1228

City St. Louis Mo. (No. 1536 Papin St. St. ..... Ward)

2. FULL NAME Susie Powell

(a) Residence, No. 2215 rear Carr St., 21 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1887

7. AGE: YEARS 47 MONTHS 4 DAYS 8 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.
10. Date deceased last worked at this occupation (month and year) Nov. 2, 1934
11. Total time (years) spent in this occupation 30 SD

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee, Jackson

FATHER

13. NAME Nick McKnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn.

MOTHER

15. MAIDEN NAME Rosie Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

17. INFORMANT (ADDRESS) 319 So. 22nd St. Sarah Scales

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12-29 1934

19. UNDERTAKER (ADDRESS) F. J. Jones 2173 Sheridan

20. FILED 27 1934 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934, to Dec. 22, 1934

I last saw her alive on Dec. 20, 1934 Death is said to have occurred on the date stated above, at 2.50 p.m.

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

	Date of onset
4 Carcinomatosis	
4 Myocarditis, acute	
5 Carcinoma of esophagus, primary	

Other contributory causes of importance:
Carcinoma of Esophagus
Post operative gastrostomy

Name of operation Gastrostomy 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) R. W. White, M. D.
(Address) St. Mary's Infirmary

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.