

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

Do not use this space.

OCT 23 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... City Registration District No. **1003**
 City **St. Louis Mo.** (No. **City Hospital No. 2**)

File No. **30880**
 Registered No. **7669**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2645 - Delmar** Ward **1**

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **4 1/2** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Udny Porter</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 17th 1885</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>2</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laundress</i>	
	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) <i>Ms Mo</i>		
MOTHER	13. NAME <i>Stephen Chapman</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
	15. MAIDEN NAME <i>Mary Jane ?</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
17. INFORMANT <i>July Perkins</i> (ADDRESS) <i>2745 - Delmar Blvd</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>Sept. 12, 1935</i>		
19. UNDERTAKER <i>W.C. Gordon</i> (ADDRESS) <i>2649-51 Delmar Blvd</i>		
20. FILED SEP 12 1935 <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 7th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *9-4-1935* to *9-7-1935*
 I last saw h. or alive on *9-7-1935* Death is said to have occurred on the date stated above, at *9:45 A* m.
 The principal cause of death and related causes of importance were as follows:
Acute Intestinal Obstruction Date of onset *9-4-35*

Other contributory causes of importance:
Due to Internal Hernia

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 *William H Sinkler* M. D.
 (Signed) *W. H. Sinkler* (Address) *2945 - Lawton Blvd*

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.

