

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.

JAN 26 1936

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

Do not use this space.

791

3048

1. PLACE OF DEATH

County..... Registration District No. 1003. File No.....
Township..... Primary Registration District No. Registered No. 247
City, St. Louis mo. (No. People's Hospital St. Ward)

2. FULL NAME

(a) Residence, No. 4045 Enright St., 11 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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Deceased</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>		
7. AGE <i>about 90</i>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</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.
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Louisiana</i>	
	13. NAME <i>Tom Randall</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>	
FATHER	15. MAIDEN NAME <i>not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>	
	17. INFORMANT (ADDRESS) <i>Lula Cannon 4045 Enright Ave</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>Jan 8 1936</i>		
19. UNDERTAKER (ADDRESS) <i>G. L. Beal and Co 2726 Maple Ave</i>		
20. FILED -- S 1936 19 <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 5, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-4-36*, 1936, to *1-5-36*, 1936
I last saw her alive on *1-5-36*, 1936. Death is said to have occurred on the date stated above, at *12:0 P.m.*
The principal cause of death and related causes of importance were as follows:
Labar Pneumonia Date of onset
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Other contributory causes of importance:
Chronic myocarditis

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) *C. M. Jones* M. D.
(Address) *People's Hospital St. Louis mo.*

