

MAY 7 1936

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

Do not use this space.

✓
17184

1. PLACE OF DEATH *St. Mary's Infirmary* 791
County Registration District No.
Township Primary Registration District No. *1008*
City *St. Louis, Mo.* (No. *1536*, *Papin St. Mary's Inf.*) Registered No. *3946* Ward
2. FULL NAME *Ada McField North*
(a) Residence, No. *819 Bartle* St. *18* Ward.
(Usual place of abode) (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>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elijah North</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 12 - 1901</i>		
7. AGE YEARS <i>34</i>	MONTHS <i>10</i>	DAYS <i>26</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nurse</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Self</i>		
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>St. Louis Missouri</i>		
13. NAME <i>Engene Mc Field</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Georgia</i>		
15. MAIDEN NAME <i>Ada Waters</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Penn.</i>		
17. INFORMANT <i>Ada McField</i> (ADDRESS) <i>6107 Delaf</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington</i> DATE <i>April 12, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>PETTIS FUNERAL CORP. 3080 BELLEVUE AVE.</i>		
20. FILED <i>APR 10 1936</i> Registrar <i>J. F. Bredeck</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 9 - 1936* 19

22. I HEREBY CERTIFY, That-I attended deceased from *March 19, 1936* to *April 7, 1936*
I last saw h. *alive on April 7, 1936* Death is said to have occurred on the date stated above, at *6:15 a.m.*
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
Fecal Fistula
Date of onset
5/12

Other contributory causes of importance:
Taxemia

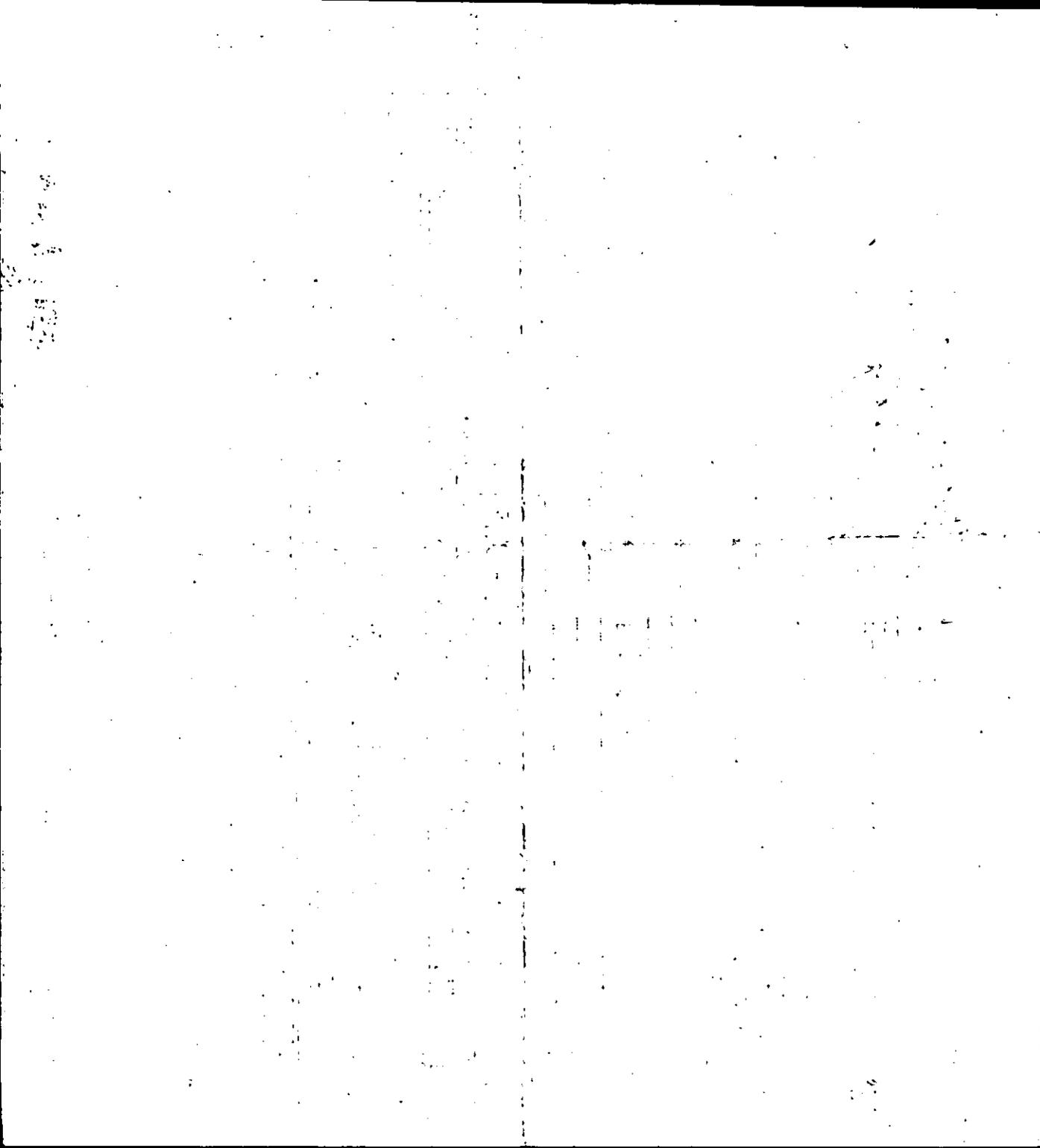
Name of operation *Hysterectomy* Date of *Mar. 27-36*
What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *James E Jackson M.D.*
(Address) *1536 Papin St*

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.



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1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. _____
 Township _____ Primary Registration District No. 7003 Registered No. 3946
 City St. Louis (No. St. Mary Infirmary St. _____ Ward)

2. FULL NAME

Ada Mc Field North
 (a) Residence, No. 819 Bartle St. _____ Ward. _____
 (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 F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 10 26

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. MAY 25 1936 19__

J. F. Bredeck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1936

22. I HEREBY CERTIFY, That I attended/deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Intestinal Obstruction
Small Intestine
Operation for non-malignant
the blind ileum
 Date of onset _____

Other contributory causes of importance: Jaundice 548

Name of operation Hysterectomy Date of _____ 1936

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? _____
 If so, specify _____

(Signed) James G. Jackson M. D.
 (Address) 1536 Valjean Street

SUPPLEMENTAL
 DEATH CERTIFICATE

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.

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