

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

Do not use this space.

AUG 18 1936

228983

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **CITY, HOSPITAL # 2**) St. **7753** (Ward)

2. FULL NAME **Julia Fields**

(a) Residence, No. **830 S. 14th** St. **22** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **4** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 10, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	64	5	5	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	at home
	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) **Miss.**

FATHER 13. NAME **Alex Crockett**

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

MOTHER 15. MAIDEN NAME **Annie Cunningham**

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

17. INFORMANT **Ruby Perdeau**
 (ADDRESS) **2945 Lawton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST LOUIS, ILL.** DATE **7/25/1936**

19. UNDERTAKER **R. M. C. GREEN**
 (ADDRESS) **3517 WACHEPE AVE.**

20. FILED **JUL 21 1936** **J. P. Bredek** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **6-30**, 19**36**, to **7-15**, 19**36**

I last saw her alive on **7-15**, 19**36** Death is said to have occurred on the date stated above, at **6:40 A. M.**

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

Arteriosclerotic Heart Disease Date of onset **6-30-36**

Other contributory causes of importance: **95%**

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.....

(Signed) **Geo. B. Haines**, M. D.
 (Address) **2945 Lawton**

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.

