

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4474 W. Cook Ave. Apt. #2**) St. Ward

36302
File No.
Registered No. **10034**
St. Ward

2. FULL NAME **Katie Rounsoville**

(a) Residence, No. **4474^W Cook Ave.** St. **11** Ward
(Usual place of abode)
Length of residence in city or town where death occurred **9** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Rounsoville		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 8-1878		
7. AGE	YEARS 58	MONTHS 3
	DAYS 27	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	11. Total time (years) spent in this occupation.....
	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) Sept. 1936	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grenada MISS.		
FATHER	13. NAME Kuff Watson	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.	
MOTHER	15. MAIDEN NAME Sallie- ?	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ink MISS.	
17. INFORMANT (ADDRESS) Lola Rounsoville. 4252 W. Finney		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Oct 3 36		
19. UNDERTAKER (ADDRESS) Chas. J. Kates. 4107 Finney		
20. FILED 19 36 Registrar.		

No Phy. in attendance

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30th 1936**

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:52AM.**

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

Artero Sclerosis
Deafness
Melitus

Other contributory causes of importance: **59**

Name of operation..... 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) **Harold J. [Signature]**, M.D.
(Address).....

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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