

DEC 20 1936

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

Do not use this space.

41263

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 4303Township 1stPrecinct Registration District No. 1092Registered No. 3rdCity St. Louis (No. General Hosp. #3)Ward 3rd

2. FULL NAME

(a) Residence, No. 1007 E. 17th St. 4 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in the words) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-18947. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 40 11 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Record Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 4-14 19. 3619. UNDERTAKER (ADDRESS) Adkins Bros 2000 E. 12th20. FILED Nov 12 1936 M. M. Crow

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 193622. I HEREBY CERTIFY, That I attended deceased from 11-1 1936 to 11-9 1936I last saw her alive on 11-9 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

TYPHOID FEVER

Date of onset

Other contributory causes of importance:

Sepsis

Name of operation

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

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) G. A. Surry(Address) General Hosp. #3

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

1 X704

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.

