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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3996

Registered No. 1037

1. PLACE OF DEATH

96 County

Township

City St. Louis (No. City Hospital No. 2 St. Ward)

2. FULL NAME Annie Furze

(a) Residence, No. 1743 N. 10th St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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): Unknown

7. AGE: About 75 YEARS; --- MONTHS; --- DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 920

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework 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): Tennessee 2

FATHER

13. NAME: Thomas Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

MOTHER

15. MAIDEN NAME: Mariah (?)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

17. INFORMANT (ADDRESS): R. Perdeau, 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington U. DATE: 1-23-37, 19

19. UNDERTAKER (ADDRESS): Love Und. Co, 3103 Washington Blvd

20. FILED: JAN 23 1937, 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 19 37, to Jan. 19, 19 37

I last saw her alive on Jan. 19, 19 37 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	1-16-37

Other contributory causes of importance:

None

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) A. L. Lewis, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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