

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

Do not use this space.

NOV 15 1937

36389

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....
City **St. Louis, Mo.**

Primary Registration District No. **1003**
(No. **Isolation Hosp.**)

File No.....
Registered No. **9966**
St. Ward)

2. FULL NAME

Emma Bee Prevatt

(a) Residence, No. **1710 Wash** St., **25** Ward. (

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **7** 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 the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 18, 1915**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 2 2

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

13. NAME **Martin Coran**

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

15. MAIDEN NAME **Elizabeth ?**

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

17. INFORMANT (ADDRESS) **J.G. Barry 5600 Arsenal st.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Washington City, Mo. 11/15/37**

19. UNDERTAKER (ADDRESS) **Wade and Co. 722 1/2 Grand Ave. St. Louis, Mo.**

20. FILED **NOV 21 1937 J.F. Bledsoe Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 20, 1937** to **Oct. 20, 1937**

I last saw her alive on **Oct. 20, 1937** Death is said to have occurred on the date stated above, at **9:30 A.M.**

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

Pul. Tub. (Pulmonary Tuberculosis)
Date of onset.....
Intestinal Tuberculosis
Scarlet Fever

Other contributory causes of importance:

Intestinal Tuberculosis
Scarlet Fever

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **None** 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) **Dr. J. B. Galt, M.D.** M. D.
(Address) **5600 Arsenal 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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