

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

Do not use this space.

JAN 19 1937

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1. PLACE OF DEATH

Country Jackson
Township Law
City St. Louis, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1713 Park St., _____ Wrd.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-36

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

22. I HEREBY CERTIFY, That I attended deceased from 1-17-36 to 12-17-36, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1866

I last saw him alive on 12-17-36, 1936. Death is said to have occurred on the date stated above, at 2:58 p.m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>1</u>	<u>un.</u>	

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

8. 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 _____

Cerebral Thromboplegic Secondary to Sclerosis

Other contributory causes of importance: Generalized Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation Clinical Date of _____

What test confirmed diagnosis _____ Where an autopsy? No.

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 12-20-36

19. UNDERTAKER (ADDRESS) H.B. Moore 1820 E. 18th St

20. FILED 12-19-36 W.M. Crowl Registrar.

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, 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) W.D. Jones M. P.

(Address) General Hosp #2

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

