

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

Do not use this space.

JUL 10 1937

22706

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis, Mo. (No. General Hosp #2)

Registration District No. 399
Primary Registration District No. 11002

File No. F 22706
Registered No. 22706
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1412 Express St. 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>26</u>	<u>37</u>	<u>2</u>	<u>6</u>	

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

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

13. NAME Chas. Tisdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Deceased

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 6-8 1937

19. UNDERTAKER (ADDRESS) Adams Bros. 2006 E. 12th

20. FILED 8 1937 M. M. Conover Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1937, to 6-4 1937

I last saw her alive on 6-4 1937. Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Neuro-Sarcomatosis (Malignant) of Primary: Back

Name of operation Date of

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, 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? No

If so, specify

(Signed) W. D. Turner M. D.

(Address) General Hosp #2

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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