

MARGIN RESERVE FOR BINDING

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

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.

PLACE OF DEATH

County.....

Township.....

or

Village.....

or

City St. Louis (NO. 201, S. 14th)

Registration District No. 797

File No. 36485

Primary Registration District No. 1003

Registered No. 9435

St. 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>(Write the word)</u>
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DATE OF BIRTH Nov 2 1910
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS	NAME OF FATHER <u>Illigtermo</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country)
	MAIDEN NAME OF MOTHER <u>Edeia Pierre</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Louis</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. Vaughan
(ADDRESS) 611 N. Griff.

Filed NOV 30 1910 W. H. Keeler Bond
REGISTRAR

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

0 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

NO CODE
Syphilis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Injury
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. R. Vaughan M. D.
(Address) 611 N. Jefferson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Anatomical purposes DATE OF BURIAL 11-30 1910

UNDERTAKER J. R. Vaughan ADDRESS 611 N. Griff.

