

PLACE OF DEATH

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

County _____

Township _____

or
Village _____or
City _____Registration District No. 791File No. 3197Primary Registration District No. 1003Registered No. 524City St. Louis (No. 113-30 - Cuning St.: 16 Ward)[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]FULL NAME Sarah White

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
DATE OF BIRTH <u>don't know</u> (Month) (Day) (Year)		
AGE <u>about 51</u> yrs. mos. ds.		IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country) mo.

NAME OF FATHER Wilson Whitney

BIRTHPLACE OF FATHER
(City or town, State or foreign country) don't know

MAIDEN NAME OF MOTHER Mariciss Whitner

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Jordan(ADDRESS) 2805 A Clark ave.Filed JAN 14 1913 Mary Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Jan 11, 1913, to Jan 11, 1913,
that I last saw her alive on Jan 11, 1913,
and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia82 D
97

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Arteriosclerosis

(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. W. Barr M. D.
Jan 12, 1913 (Address) 2847 E Market.

*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 GreenwoodDATE OF BURIAL Jan 15, 1913UNDERTAKER L. S. WilliamsADDRESS 523 E Pine 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.

