

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis (NO. 4438) St. Ferdinand St. (Ward)

Registration District No. 791

File No. 24440

Primary Registration District No. 1003

Registered No. 6874

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

FULL NAME Effie G. Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>Unknown</u> , 18 <u>80</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. ____ mos. ____ ds.		If LESS than 1 day ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE
(City or town, State or foreign country) Alabama

PARENTS	NAME OF FATHER <u>Henry Rush</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>
	MAIDEN NAME OF MOTHER <u>Unknown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moses Smith

(ADDRESS) 4438 St. Ferdinand

Filed JUL 18 1914 1914 A. B. Snodgrass REGISTRAR

DATE OF DEATH July 16, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 4, 1914, to July 16, 1914, that I last saw her alive on July 15, 1914, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:
Endocarditis
56 lbs
91 lbs

Contributory Rheumatism
(SECONDARY)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E. C. Cameron M. D.
July 17, 1914 (Address) 3820 Eastern

*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 Greenwood DATE OF BURIAL July 18, 1914

UNDERTAKER W. C. Gordon ADDRESS 2649 Morgan 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.

