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

PLACE OF DEATH

County St. Louis

Township ~~Dunkumore~~ Central

or Village ~~Bonne Terre~~

or City ..... (NO. ..... St.: ..... Ward)

Registration District No. 790

Primary Registration District No. 6033

File No. 15823

Registered No. 35

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

FULL NAME Amelia Mc Ray

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Female	Mulatto	Widow

DATE OF BIRTH: Sept. (Month) 7 (Day), 1852 (Year)

AGE: 63 yrs. 4 mos. 11 ds. — If LESS than 1 day, ... hrs. or ..... min.?

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

BIRTHPLACE (City or town, State or foreign country): Mo.

PARENTS

NAME OF FATHER: Robert Douglas / James Mc Ray

BIRTHPLACE OF FATHER (City or town, State or foreign country): Virginia

MAIDEN NAME OF MOTHER: Jane Bender

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie McKay.

(ADDRESS) Bonne Terre Mo. Route 27

Filed Apr 25 1916 J. B. Sudduth REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 18 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 15, 1916, to Jan. 18, 1916, that I last saw h. Ex alive on Jan 18, 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) La Grippe

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. J. Hanu M. D.

Jan 20 1916 (Address) Bonne Terre

*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: Chesterfield

DATE OF BURIAL: Jan. 22 1916

UNDERTAKER: A. S. Bannam

ADDRESS: Bonne Terre

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

PLACE OF DEATH

County St. Louis

Township Central

or Village Gertzville

or City Clayton Route 1 (NO. ..... St.; ..... Ward)

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

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

FULL NAME Robert M. Rowe

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male		

DATE OF BIRTH Feb. (Month) 12 (Day) 1916 (Year)

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

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

BIRTHPLACE (City or town, State or foreign country) Gertzville, Clayton Route 1

PARENTS

NAME OF FATHER Jos. Rowe

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

MAIDEN NAME OF MOTHER Anna K. Mehlen

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. Rowe

(ADDRESS) Clayton Route 1 Mo.

Filed ..... 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 11 (Day) 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1916, to March 11, 1916, that I last saw him alive on March 11, 1916, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

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

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

(Signed) R. B. Denny M. D.

Mar 11 1916 (Address) Creve Coeur, Mo

*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 Luthern Cemetery Stratman Mo.

DATE OF BURIAL March 12, 1916

UNDERTAKER A. S. Baumann

ADDRESS Creve Coeur Mo.