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

Do not use this space.

2816

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 393

Township ..... Primary Registration District No. ..... Registered No. 393

City St. Louis (No. 1809 Division St. ..... Ward)

2. FULL NAME Irma Preavatt

(a) Residence. No. 1809 Division St., 21 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	2	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Louis Pate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Helen Perkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn.

14. INFORMANT Carl Preavatt (Address) 1809 Division St

15. FILED JAN 12 1927, 19..... Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1926, to Jan 8, 1927 that I last saw her alive on Jan 8, 1927 and that death occurred, on the date stated above, at 6 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency (duration) ..... yrs. 6 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? Clinical Symptoms

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) S. L. Walthall, M. D

, 19 (Address) 1001 N Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Greenwood Cem	Jan 13 1927
20. UNDERTAKER	ADDRESS 2649
W. C. Gordon Und. Co	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.