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

Do not use this space.

3401

File No. 1033

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No.) City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1493

2. FULL NAME Alice James

(a) Residence. No. 1611 Chestnut St., 6th Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: Negro | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-1901

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
26	0	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Waitress

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Allen James

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Dora Keys

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED JAN 27 1927, 19 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27-1927

17. I HEREBY CERTIFY, That I attended deceased from January 20, 1927, to January 27, 1927, that I last saw h[illegible] alive on January 27, 1927, and that death occurred, on the date stated above, at 5.10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary
146
1433 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pneumonia (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 146
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. Thomas, M. D

1/27/1927 (Address) City Hospital #2

*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: Greenwood Cemetary

DATE OF BURIAL: 1-29-1927

20. UNDERTAKER: Provident Burial Ass'n

ADDRESS 4209 W Easton ave

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.