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

Do not use this space.

9889

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2461

City St Louis (No. Mo Baptist Sanit St. ..... Ward)

2. FULL NAME Kathleen Alpha Carden

(a) Residence. No. 5053a Enright St., 12 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	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 – 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	6	–	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In school

(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) Mo

PARENTS

10. NAME OF FATHER Sam Carden

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

12. MAIDEN NAME OF MOTHER Kathleen Stewart

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

14. INFORMANT Sam Carden
(Address) 5053a Enright

15. FILED MAR 12 1927 Max C Starkcoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-1-27, 19..., to 3-11-27, 19..., that I last saw her alive on 3-10-27, 19..., and that death occurred, on the date stated above, at 10:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic endocarditis
9188
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) General Septicemia from
Otitis media (duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at her home
see other side
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 2-27-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests
(Signed) Jno C McIntire, M.D.
, 19 (Address) 3801 Lee Ave

*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
Valhalla Cem	Mar 13 1927

20. UNDERTAKER	ADDRESS
Fred M Williams	4561 DeTimer

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.

Paracentesis of ear drum done by Herist-
2-27-27