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

Do not use this space.

9896

791

1003

2468

1. PLACE OF DEATH

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

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

City St. Louis (No. 1419 N. 8th St. ..... St. ..... Ward)

2. FULL NAME Anna Mix

(a) Residence. No. 1419 N. 8th St., 25 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 Benj. Mix

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33		3	21	

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) Birds Point (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Thos. Cummings.

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

12. MAIDEN NAME OF MOTHER Francis Allen

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

14. INFORMANT Benjamin Mix (Address) 1419 N. 8th St

15. FILED MAR 22 1927 Mary C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926, to March 9, 1927 that I last saw her alive on March 4, 1927, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous Nephritis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1290

(duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Vincent J. Muell M.D.

Mar. 11, 1927 (Address) 2335 Franklin

*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	3/17 1927
20. UNDERTAKER	ADDRESS
N.C. Gordon Und. Co.	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.