JUN 1 1927

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

Do not use this space.

12901

1. PLACE OF DEATH
County St Louis
Township [illegible]
City ..... (No. [illegible] St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No. .....
Registered No. 122

2. FULL NAME Tella A Palmer
(a) Residence. No. 7448 Teasdale St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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) Aug 11 – 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	7		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Manhattan Kan
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawrence Kan
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Alfred Palmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) South Bend
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER A Waltman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Decatur
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Jokes
(Address) St Louis Mo

15. FILED Apr 1, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to April 1, 1927 that I last saw her alive on April 1, 1927, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS
23A (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
31 (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

6/1 (Signed) Lawrence Schlenker, M. D
, 1927 (Address) 3515 S. Grand Bl. Kan

*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 Manhattan Kansas City Co
DATE OF BURIAL 4/4 1927

20. UNDERTAKER E. H. Schildmann
ADDRESS Granite City Ills

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.