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

Do not use this space.

13322

791

1003

File No.

Registered No. 3640

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo (No. 2011 Chestnut St. Ward)

2. FULL NAME Celia McKinney

(a) Residence. No. 2011 Chestnut 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 15 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1861

7. AGE: about 66 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(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): Arkansaw

PARENTS

10. NAME OF FATHER: Granison Lilard

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

12. MAIDEN NAME OF MOTHER: Not Known

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

14. INFORMANT: Etolia Johnson
(Address) 2011 Chestnut St

15. FILED APR 15 1927 19 Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 10 1927

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1927, to April 10, 1927, that I last saw her alive on April 9, 1927, and that death occurred, on the date stated above, at 7.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cathoma + Bemorrhea
Acute Non Tubercular
106
106
112
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY): Mitral Regurgitation
(duration) yrs. mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED 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) P. J. Stewart, M. D.

4-15, 1927 (Address) 14 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: Oakdale Cemetery

DATE OF BURIAL: April 18th 1927

20. UNDERTAKER: A. L. Beal

ADDRESS: 2726 Lucas 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD