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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19594

Township ..... Primary Registration District No. 1003 Registered No. 5296

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

2. FULL NAME Rachel Rollins

(a) Residence. No. 2005 H Pine St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-10-1888

7. AGE: Years 39 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

PARENTS
10. NAME OF FATHER: Joe Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER: Francis Jewell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ark

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

15. FILED JUN -7 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1927, to June 5, 1927 that I last saw her alive on June 5, 1927, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetic Gangrene of Right Foot (duration) yrs. 2 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 57

DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/23/27

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & clinical

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

6/5/1927 (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: Pine Bluff Ark. DATE OF BURIAL: June 7 1927

20. UNDERTAKER: J. W. Hughes. ADDRESS 2620 Lawton 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.