

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

Do not use this space.

19677

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St Louis

(No. *3124*)

Lucas

File No.....

Registered No.....

5382

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

3124 Lucas St.

21 Ward.

(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

Col

Widow

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

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

6-2-1866

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

about 61

2

8. OCCUPATION OF DECEASED

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

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

82A

(c) Name of employer

97

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

PARENTS

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Minnie Ingram

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Springfield MO

14.

INFORMANT

(Address)

Laura Mitchell

3124 Lucas

15.

FILED

JUN 10 1927

Marie Starckoff

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

June 4 1927

17.

I HEREBY CERTIFY, That I attended deceased from *this* *6* *19* *27*, to *June 4* *19* *27*, and that I last saw h. *51* alive on *June 4* *19* *27*, and that death occurred, on the date stated above, at *3:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Apoplexy cerebral
Hemorrhage*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

(duration) yrs. mos. ds.

18. WERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Wm. C. H. ... M. D.*

VI 6 1927 (Address) *23357 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

Memphis Tenn

6/11 1927

20. UNDERTAKER

ADDRESS

Pinkie Soney 3124 Lucas

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.

