

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

Do not use this space.

20284

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 3927^a)

Ward Folsom

File No.

Registered No. 6094

2. FULL NAME

Mattie Doss

(a) Residence. No. 3927^a Folsom St. 18 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 10 11

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. House Wife 50 (b) General nature of industry, business, or establishment in which employed (or employer). 10 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Prize H. Thurman

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

12. MAIDEN NAME OF MOTHER 11

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

14. INFORMANT Ellis Doss (Address) 3927^a Folsom.

15. FILED 11-1-27 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 20 1927 to Jan 30 1927 that I last saw him alive on Jan 27 1927 and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrum Great Rt
+ New Tremor

CONTRIBUTORY (SECONDARY) Premen Bron chs

18. WHERE WAS DISEASE CONTRACTED 3927^a Folsom NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Physician found

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. ... M. D. 6/30 1927 Address 4930 Lindsey

*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 Farmington Mo. DATE OF BURIAL July 2 1927

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee

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.

Trained & Licensed

