

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

25439

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

File No. 62

Township.....

Primary Registration District No. 4470

Registered No.

City University City (No. 6600), Washington Blvd., St. Ward)

2. FULL NAME Mary C. Carter

(a) Residence. No. 6600 Washington St., Ward.

(Usual place of abode)

(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 | White | Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24, 1848

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
79	5	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Pennsville
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James H. Cooksey

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

12. MAIDEN NAME OF MOTHER Elizabeth Worri

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

14. INFORMANT Lida B. Wells
(Address) 6600 Washington

15. FILED Aug 24, 1927 Leo B. Bick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927, to Aug. 26 - 1927
that I last saw him alive on Aug. 26 - 1927, and that death occurred, on the date stated above, at T. 45 G. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS. Analytic
(Signed) W. H. H. H., M. D.

*-26- 1927 (Address) University Club Bldg.

*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

Wasson, Iowa Aug 26 1927
20. UNDERTAKER Alexander & Sons
ADDRESS 6175 Delmar

