

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

Do not use this space.

26041

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township St. Louis Mo. Primary Registration District No. 1003 Registered No. 7665
 City St. Louis Mo. No. 3000 Clifton Pl. St. Ward)

2. FULL NAME

(a) Residence. No. 3100 Clifton St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col'd</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1906-2-9

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>21</u>	<u>6</u>	<u>15</u>	

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).....
 (c) Name of employer.....

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

10. NAME OF FATHER Jim Carver

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

12. MAIDEN NAME OF MOTHER Willie Ford

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

14. INFORMANT Willie Visor
 (Address) 3100 Clifton Pl.

15. FILED AUG 29 1927 Max B Staroff
 19..... Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-24-27 19

17. I HEREBY CERTIFY, That I attended deceased from 8-16-27, 19, to 8-24-27, 19, that I last saw him alive on 8-24-27, 19, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 145A
Pertussis acute general 1492
Endometrii. Purgnetidis 1492
Ruptured Uterus - Septemina 143A

CONTRIBUTORY and mounted Foster
 (SECONDARY) as cause of Parturition.
 (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 146
 IF NOT AT PLACE OF DEATH? Parturition 8-24-27
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M A Roblee, M. D.
 , 19 (Address) St. Louis Maternity Hosp.

*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 Bateville Miss. DATE OF BURIAL Aug 28 1927

20. UNDERTAKER A L Beal ADDRESS 2426 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.

PERMANENT RECORD

Handwritten text, possibly a signature or date, oriented vertically in the center of the page.