OCT 2 1927

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

Do not use this space.

28302

File No.
Registered No. 332

1. PLACE OF DEATH
County Carondelet
Township Koch
City St. Louis Co. (No. , St. Ward)

Registration District No. 1123
Primary Registration District No. 624 & B.

2. FULL NAME Ernestine McKissic
(a) Residence. No. 918 N Garrison St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X yrs. 3 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1910

7. AGE: Years 16 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Helena Arkansas
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Eugene McKissic
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hester Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Robert Koch records
(Address) Koch, Missouri

15. FILED Sept. 13, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1927

17. I HEREBY CERTIFY, That I attended deceased from 5/16/27 (May 16 1927), 19 27, to Sept. 10, 1927, 19 27, that I last saw her alive on Sept. 10 1927, 19, and that death occurred, on the date stated above, at 4:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulm. Tuberculosis.

X (duration) X yrs. 3 mos. 25 ds.

CONTRIBUTORY (SECONDARY) UNKNOWN
UNKNOWN (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? UNKNOWN
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray and Sputum
(Signed) A. L. Gallant, M. D
9/10/27, 19 (Address) Robert Koch Hospital

*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: Washington Park
DATE OF BURIAL: 9-13 1927
20. UNDERTAKER: W. S. Wade and Co.
ADDRESS: 4202 Finney

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.