

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

Do not use this space.

28494

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *8032 N. 23rd*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *8026*
St. Ward)

2. FULL NAME

(a) Residence. No. *8032 N. 23rd* St., *22* Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred *27* yrs. *5* mos. *17* ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 2 1876*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | *4* | *5*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Jno. McDougal*

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

12. MAIDEN NAME OF MOTHER *Vina Patterson*

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

14. INFORMANT *Pennie Carr*
(Address) *8032 N. 23rd St.*

15. FILED *S:P - 9, 1927*
Max C. Starkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 7 1927*

17. I HEREBY CERTIFY, That I attended deceased from *July 13*, 1927, to *Sept. 7*, 1927, that I last saw *her* alive on *Sept. 7*, 1927, and that death occurred, on the date stated above, at *10:30* p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

131 B
135 B
Leptositis - Chronic

CONTRIBUTORY (SECONDARY) *nephritic Chronic*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no.* DATE OF.....

WAS THERE AN AUTOPSY? *no.*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Wm. Ambrose Smith, M. D.*

Sept. 9, 1927 (Address) *912 - N - 19th St.*

*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

Mo. Crematory *Sept 10 1927*

20. UNDERTAKER ADDRESS *2689*

W. C. Gordon Undr. *Morgan*

X. R.—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.

St. Louis, Mo. 1880