Dr. Alley 1216 Franklin Av

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

Do not use this space.

File No. 28957
Registered No. 8536

1. PLACE OF DEATH

County.....
Registration District No. 791
Township.....
Primary Registration District No. 1003
City St. Louis (No. 2422 Division St. ..... Ward)

2. FULL NAME Kit Peoples.

(a) Residence. No. 2422 Division St., 21 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)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	—	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Miss

PARENTS

10. NAME OF FATHER Wilkin People
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Alice People
(Address) 2422 Division St

15. FILED SEP 25 1927 Mau C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep. 10 —, 1927, to Sep 17 —, 1927, that I last saw living alive on Sep 17 —, 1927, and that death occurred, on the date stated above, at 8 a.m. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
23A 31
..... (duration) ..... yrs. 7 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
O DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. W. Allen, M. D
9-24-, 1927 (Address) 1216 Franklin

*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 Friedens Cemetery — DATE OF BURIAL Sept 26 1927

20. UNDERTAKER W. C. Gordon Und. Co — ADDRESS 2649 Morgan

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.