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

Do not use this space.

29229

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29229

Township ..... Primary Registration District No. 1003 Registered No. 8916

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Alice Short

(a) Residence. No. 516 S. Garrison St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1891

7. AGE: Years 35 | Months 11 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

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) ..... (STATE OR COUNTRY) Ala

PARENTS

10. NAME OF FATHER Burrough Peoples
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Grace Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ala

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED OCT -6 1927 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/17, 1927, to 9/21, 1927 that I last saw her alive on 9/21, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis 35B 137B 129

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Ruptured Pyo-Salpinx Gonococcic (duration) ..... yrs. ..... mos. ..... ds.

organisms found Colon Bacillus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) J. Thomas, M.D.

9/22, 1927 (Address) City Hospital #2

*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: 10-6 1927

20. UNDERTAKER: W. S. Wade and Co. | ADDRESS: 4202 Finney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.