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

Do not use this space.

32127

File No.

Registered No. 9508

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4376 Enright St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Bettie Wilson

(a) Residence. No. 4376 Enright St., 19 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*)
Female	Colored	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt Wilson

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

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

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) Mo.

PARENTS

10. NAME OF FATHER Reuben Smith

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

12. MAIDEN NAME OF MOTHER Celey Unk

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

14. INFORMANT Homer Marshall
(Address) 4367 Enright Ave

15. FILED OCT 25 1927 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1927 to Oct 18 1927 that I last saw h. alive on Oct 18 1927, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23A 31

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Chicago - Ill

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) C. H. Kilker, M. D.

Oct 25 1927 (Address) 3121 N Grand

*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 Greenwood

DATE OF BURIAL 10-26 1927

20. UNDERTAKER Gates

ADDRESS 4107 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD