

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

Do not use this space.

32386

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2112 & Adams Near St. Ward)

2. FULL NAME

(a) Residence. No. 2112 & Adams Near St., 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 48 Unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Coal & Ice
 (b) General nature of industry, business, or establishment in which employed (or employer) for self
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)
 10. NAME OF FATHER Henry Ross
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Malla Haskin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss. (STATE OR COUNTRY)

14. INFORMANT Fannie Ross
 (Address) 2112 & Adams St Near

15. FILED NOV - 6 1927 man to Starke
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29 1927
 17. I HEREBY CERTIFY That I attended deceased from 4-11-1927 to 10-29-27 1927
 that I last saw h. alive on 10-26-27 and that death occurred, on the date stated above, at 7:27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
92A
 (duration) yrs. 5 mos. 18 da.
 CONTRIBUTORY (SECONDARY) 90 W
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 2112 Adams St Near
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? 5
 (Signed) J. J. Edwards, M. D.
 (Address) 1419 Morgan St., 19

*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 Brookview Washington DATE OF BURIAL Nov 7 1927
 20. UNDERTAKER R. M. C. Green ADDRESS 3517 Leabean

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.

Dr. J. T. Edwards,