

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

Do not use this space.

35015

1. PLACE OF DEATH

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

2. FULL NAME

Vandelia Pleasant
 (a) Residence. No. **110 N- Theresa 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 **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 12 1916**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
11	4	28		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **School girl 25**
 (b) General nature of industry, business, or establishment in which employed (or employer) **129**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Memphis**
 (STATE OR COUNTRY) **Tenn.**

10. NAME OF FATHER **Fletcher Pleasant**

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

12. MAIDEN NAME OF MOTHER **Anna Porter**

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

14. INFORMANT **Anna Pleasant**
 (Address) **110 N- Theresa**

15. FILED **OV 14 1927** **Mau Starkoff**
 19... REGISTERS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 10 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 4** 1927, to **Nov 10** 1927 that I last saw her alive on **Nov 10** 1927, and that death occurred, on the date stated above, at **12:30 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis Probable
Tuberculosis of the Intestines
 6 days (duration) yrs. mos. ds.

CONTRIBUTORY **Malnutrition and severe in**
 (SECONDARY) **medication by family**
 (duration) yrs. mos. ds.

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? **Autopsical**
 (Signed) **J. H. Starn** M. D.
 , 19 (Address) **4-N-Channing Ave**

*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 Cem** DATE OF BURIAL **Nov. 14 1927**

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

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

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.

