

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

Do not use this space.

38783

1. PLACE OF DEATH

County
 Township St. Louis
 City St. Louis (No. City Hospital #2)

Registration District No. 791
 Primary Registration District No. 20023

File No.
 Registered No. 11514 St. Ward)

2. FULL NAME

(a) Residence. No. 1322 1/2 Bay St. 15 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 | 10 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory work
 (b) General nature of industry, business, or establishment in which employed (or employer) Nut factory
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff, Ark. (STATE OR COUNTRY)

10. NAME OF FATHER Nathan Hays

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

12. MAIDEN NAME OF MOTHER Pettie Herndon

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

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

15. FILED 23 19 19 Mar 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22, 1927

17. I HEREBY CERTIFY That I attended deceased from 10/10 1927, to 12/22 1927 that I last saw her alive on 12/22 1927, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T. B.

CONTRIBUTORY (SECONDARY) (duration) yrs. 2 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. not known

DID AN OPERATION PRECEDE DEATH? no DATE OF clinical at St. Louis
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical at St. Louis

(Signed) W. S. Howell, M. D. City Woy. #2, 19 (Address)

*State the DISEASE CAUSING DEATH, or in death 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 12-29-27

20. UNDERTAKER W. S. Ward ADDRESS 4202 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.

