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.

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

Do not use this space.

38984

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2656 Morgan St. ..... Ward)

File No. .....

Registered No. 11694

2. FULL NAME Hattie Ferrell

(a) Residence. No. 2656 Morgan St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May Unknown 873

7. AGE: 54 YEARS, 7 MONTHS, Unknown DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Webster Co.
(STATE OR COUNTRY): Ky

PARENTS

10. NAME OF FATHER: Bryant Barnhill

11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Hattie Givens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Ky

14. INFORMANT: Borel Ferrell
(Address): 2656 Morgan St

15. FILED DEC 29 1927, 19.. Mark C. Starcoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 24, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 7 20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral Hemorrhage 131 (duration) 8 yrs. 4 mos. 2 ds.

CONTRIBUTORY (SECONDARY): Contracted Kidney Chronic (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? at home

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Vincent J. Mueller, M. D

XII-28, 1927 (Address) 2335 Franklin

*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: Providence Ky

DATE OF BURIAL: Dec 30 1927

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan St