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

Do not use this space.

39049

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 57

Township ..... Primary Registration District No. 1003 Registered No. 1

City St Louis (No. 4432 Maffitt Ave St. ..... Ward)

2. FULL NAME Annie L. Nash

(a) Residence. No. 4432 Maffitt St., 11 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-22-1903

7. AGE: Years 24 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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): Columbus Mississippi

PARENTS

10. NAME OF FATHER: Gus Slater
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Dora Whitfield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

14. INFORMANT: Isiah Nash
(Address) 4432 Maffitt Av.

15. FILED JAN -1 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec-28th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1927, to Dec 28th, 1927, that I last saw her alive on Dec 28, 1927, and that death occurred, on the date stated above, at 11 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulmonalis
2-2 [illegible]
31 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) I. W. Brown, M. D
12/29, 1927 (Address) 8222 N. Jefferson St Louis Mo.

*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: 1-1 1928

20. UNDERTAKER: A Russell Und Co | ADDRESS: 2732 Pine

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.