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

Do not use this space.

2804

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 383

Township..... Primary Registration District No. 4003 Registered No. F

City..... (No. Isolation Hos St. ..... Ward)

2. FULL NAME Marie Young

(a) Residence. No. 4420 Kennerly 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 8 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not given

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-1-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Not Given 48 10
(b) General nature of industry, business, or establishment in which employed (or employer) Hsmk 13 96
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

PARENTS

10. NAME OF FATHER Wm Henderson

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

12. MAIDEN NAME OF MOTHER F. Bryant

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

14. INFORMANT Rose Hodges (friend)
(Address) 4238 W. Lucky

15. FILED JAN 11 1928 May C Starkcoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-9 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 9, 1928, that I last saw her alive on Jan 9, 1928, and that death occurred, on the date stated above, at 5:07 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Diphtheria, Pharyngeal, 14 days (10 days before antitoxin was administered)

(2) Carcinoma of Cervix of Uterus (Duration unknown)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemorrhages from Uterus

(duration) 0 yrs. 0 mos. 4 ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4420 Kennerly

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H Garrison, M.D.

, 19 (Address) Isolation Hospital

*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 Booker Washington Cemetery DATE OF BURIAL 1/14 1928

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Laclede ave

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.