

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

Do not use this space.

3022

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **622**

City **St. Louis** (No. **4252 W Cook Ave.**)

.....

St. Ward

2. FULL NAME

Mary Van Ness

(a) Residence. No. **4252 W Cook** St. **11** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Milford Van Ness**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
abt 45		✓	✓	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **House Wife**
(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) **Missouri**

10. NAME OF FATHER **D. L. McCloud**

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

12. MAIDEN NAME OF MOTHER **Juba Mordican**

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

14. INFORMANT **Milford Van Ness**
(Address) **4252 W. Cook Ave.**

15. FILED **17 1928** **May 6 Starkey**
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **January 15 1928**

17. I HEREBY CERTIFY, That I attended deceased from **January 15 1928**, to **January 15 1928** that I last saw him alive on **January 15 1928**, and that death occurred, on the date stated above, at **8 1/2** m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
938 Chronic Myocarditis
938 Anurisy cerebral Hemorrhage
(duration)..... yrs. mos. **10** ds.

CONTRIBUTORY (SECONDARY) **Chronic Myocarditis**
(duration)..... yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **Paul P. Reynolds, M. D.**
1/16 28 (Address) **31420 Franklin 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 **Calvary** DATE OF BURIAL **Jan 18 1928**

20. UNDERTAKER **C. W. Roberts** ADDRESS **3036 Lucan Ave**

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

N. B.—Every item of information should be carefully supplied. AGE should be set EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

