

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

Do not use this space.

3241

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. # 1238 Shawmut Plc) (Registered No. 865)
 (Ward)

2. FULL NAME

Alice Gould
 (a) Residence. No. # 1238 Shawmut Plc 6 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 | X | 16 | 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER John G. Taylor

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

12. MAIDEN NAME OF MOTHER Alice Jackman

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

14. INFORMANT J. S. Gould
 (Address) # 1238 Shawmut Plc

15. FILED NOV 24 1928 Man G. Starkeoff
 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1924, to Jan 22, 1928
 that I last saw her alive on Jan 22, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuber. Dysent.

80 (duration) 23 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 172 (duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. Swarth, M. D.

No. 25, 1928 (Address) 1414 Woodway
 *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 Bellefontaine Cem. DATE OF BURIAL Jan 24, 1928

20. UNDERTAKER C. R. Rupton ADDRESS 4449 Olive Street

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.

DEPARTMENT RECORD

N.E. Corner Dr North.
King Highway r
Manchester