

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1211

Township Woodland Primary Registration District No. 1211

City St. Louis (No. 1211) Ward 2

File No. 4957  
Registered No. 616  
St. 1211 Ward 2

**2. FULL NAME**

(a) Residence. No. 1211 Woodland St. 1211 Ward 2  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX Fe 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9 28 107A 106A

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(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**

Shelton Stanford

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER**

Jarvita Hutchins

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kansas

**14.**

INFORMANT Jarvita Stanford  
(Address) 1211 Woodland

**15.**

FILED 2-11-28 M M Crowe  
Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 9 1928 to Feb 11 1928 that I last saw her alive on Feb 10 1928 and that death occurred, on the date stated above, at 9:00 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Broncho-Pneumonia  
100d  
CONTRIBUTORY Acute Bronchitis  
(SECONDARY) (duration) yrs. mos. da. 10 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

18. WAS THERE AN AUTOPSY? NO

18. WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam

(Signed) W. H. Wadsworth M. D.

(Address) 1518 S. 11th St. 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**

Home Missouri 7/12 1928

**20. UNDERTAKER**

Hathkins Bros 1729 Lyda

WRITE PLAINLY, WITH GRADING, WHERE THIS IS A PERMANENT RECORD

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.

