MAR 26 1928

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. 1123 — File No. 6290

Township CCarondelet — Primary Registration District No. 6248 B — Registered No. 56

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Essie Cotton

(a) Residence. No. 1214½ Biddle Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 6 mos. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4 1912

7. AGE: 15 YEARS — MONTHS: 10 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(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): Mississippi

PARENTS

10. NAME OF FATHER: Willie Fenton Cotton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.
12. MAIDEN NAME OF MOTHER: Claretta Goodwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.

14. INFORMANT: R. Koch Hospital Records
(Address): Koch, Missouri

15. FILED Feby 15, 1928 L. C. Obrock M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1927, 19.., to Feb. 14, 1928 that I last saw her alive on Feb 14, 1928 and that death occurred, on the date stated above, at 4: P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulm. Tuberculosis
23A
23B 31
About (duration) X yrs. 9 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Pulmonary Hemorrhage
Recent (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray Sputum

(Signed) B E Keen, M. D
2/14/28 (Address)

*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: Washington Park — DATE OF BURIAL: 2-20 1928

20. UNDERTAKER: Peoples Und Co — ADDRESS: 3100 Franklin

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.