

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

Do not use this space.

6612

1. PLACE OF DEATH

Comdy..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, MO** (No. **2244** **Washington**)

File No.....
 Registered No. **1557**
 St..... Ward)

2. FULL NAME

Lattie Briggs
 (a) Residence. No. **2244 Washington St.** **21** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** | **4. COLOR OR RACE** **Cold** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1891-2-21**
7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
36 | **11** | **20**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer**
 (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)

Kentucky

10. NAME OF FATHER

John Porter

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

Kentucky

12. MAIDEN NAME OF MOTHER

Susan Powell

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

Ky

14. INFORMANT

Dovie Carr
 (Address) **2244 Washington Ave**

15. FILED

FEB 11 1928
May C. Starbuck
 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 11** 19**28** that I last saw **her** alive on **Feb 8** 19**28**, and that death occurred, on the date stated above, at **3:15 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Endocarditis

CONTRIBUTORY (SECONDARY)

9277
POA
 (duration) yrs. mos. da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Jas. A. Reiney**, M. D.

4/11 1928 (Address) **2623 W. 11th**

*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

DATE OF BURIAL

Carbondale Ill **Feb 11, 1928**

20. UNDERTAKER

ADDRESS

A. L. Beal **2726 Lucas Ave**

WRITE PLAINLY, WITH UNFADING INK. 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.

