

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No.)

Registration District No. 1123
Primary No. 6248 B

File No. 10544
Registered No. 109
St. Ward

2. FULL NAME Ruth Harts, Death

(a) Residence. No. 211 So. 14th St. 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. X mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, DIVORCED OR SEPARATED, HUSBAND'S OR WIFE'S NAME Charlie Harts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>25</u>	<u>1</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Stitt

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

12. MAIDEN NAME OF MOTHER Hettie Wilson

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

14. INFORMANT R Koch Hospital Records
(Address) Koch Mo.

15. FILED Apr. 2 1928 L. C. Brock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 29th 1928 to March 30 1928 that I last saw her alive on March 30 1928 and that death occurred, on the date stated above, at 8 00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
25 31
6 (duration) yrs. mos. ds.
CONTRIBUTORY Tuberculosis Peritonitis
(SECONDARY) 5 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown

A DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) E. H. & Schwarz, M. D.

3/31/28 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Summerville Tenn. DATE OF BURIAL 4/5 1928

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Federal

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

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