

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

Do not use this space.

14
P

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **4204 W. Ashland**)

File No. **15745**
 Registered No. **4724**
 St. Ward)

2. FULL NAME

(a) Residence. No. **4204 Ashland** St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** | 4. COLOR OR RACE **Colored** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4/28 1928**

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

17. I HEREBY CERTIFY, That I attended deceased from **4/28** 19**28**, to **4/28** 19**28**, and that I last saw h. **h.** alive on **4/28**, 19**28**, and that death occurred, on the date stated above, at **2:40 p.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 3rd 1867**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 25

82 A. 14 A. 4

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

CONTRIBUTORY (SECONDARY) **14 A. 4**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo-**

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

10. NAME OF FATHER **Prod. Tommce**

8 DID AN OPERATION PRECEDE DEATH?

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Chas. B. Bennett, M.D.**

12. MAIDEN NAME OF MOTHER **Marriah White**

4/28 1928 (Address) 4322 Ashland

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

*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.

14. INFORMANT (Address) **Gertrude Scott 4204 W. Ashland Ave**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peters** DATE OF BURIAL **5/2 1928**

15. FILED **4/28** **Wm. C. Frank** REGISTRAR

20. UNDERTAKER **Letts** ADDRESS **4107 Quincy**

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.

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