

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis mo** (No. **1020**, W. **134**)

18948
File No.
Registered No. **5359**
St. Ward)

2. FULL NAME **Henrietta Cross**

(a) Residence. No. **1020 W. 134**

St. **25** Ward.

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth? (If nonresident give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col'd

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)

1891-3-4

7. AGE

YEARS **37**

MONTHS **2**

DAYS **8**

If LESS than 1 day, hrs. or min.

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)

(STATE OR COUNTRY)

Memphis Tenn

10. NAME OF FATHER

Henry Myles

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Mary Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Memphis Tenn

14.

INFORMANT (Address)

**Mary Atkins
1020 W. 134 St**

15.

FILED

**MAY 16 1928
W. C. Stankin
REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

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

May 12th 1928

17.

I HEREBY CERTIFY, That I attended deceased from **May 9th 1928**, to **May 12th 1928** that I last saw him alive on **May 12th 1928**, and that death occurred, on the date stated above, at **11:50 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

CONTRIBUTORY (SECONDARY)

108 101A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Unknown

19. DID AN OPERATION PRECEDE DEATH

No.

DATE OF

20. WAS THERE AN AUTOPSY?

No.

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

Goodall

M. D.

, 19 (Address)

9522 N 14th St

*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

Greenwood

May 17th 28

20. UNDERTAKER

ADDRESS

C. L. Beal

2726 Lucas

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.

