

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
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

(No.)

City.....

Ward.....

File No.

Registered No.

St.

Ward.....

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.....

Length of residence in city or town where death occurred.....

Yrs.

mos.

ds.

How long in U.S., if of foreign birth?

Yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

Aug. 9, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

53

9

28

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)

St. Louis

Mo.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Angelina Lambert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Anna T. Woodard
City Hospital #2

15.

FILED

May 2, 1923
Max C. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 7, 1928

17.

I HEREBY CERTIFY, That I attended deceased from

5/11

1928, to

6/7

1928

that I last saw her alive on 6/7, 1928, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis and nephritis
Acute cause unknown

139A
791

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT KNOWN

19. OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

laboratory

(Signed) J. C. Cunningham, M. D.

, 19 (Address) 2945 Stanton

*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

St. Peter's Cemetery

6-9-28

20. UNDERTAKER

ADDRESS

W. S. Wade & Son
4202 Finney

