

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22002

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *6169*
St. Ward)

2. FULL NAME

Malindia Parker
(a) Residence, No. *2624* St. *Gambelle* Ward. *21*
(Usual place of abode)

(If nonresident give city or town and State)

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)

married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec - 3 - 1880*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<i>48</i>	<i>6</i>	<i>4</i>	

8. OCCUPATION OF DECEASED

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

House wife

(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)

Oak Grove La

10. NAME OF FATHER

Henry George

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

La

12. MAIDEN NAME OF MOTHER

Lou Hardin

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

La

14.

INFORMANT *Nathanial Parker*
(Address) *2624 Gambelle*

15.

FILED *May 10 1928*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6 - 7 - 1928*

17.

I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

that I last saw him alive on, 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. W. Kerner*

6/9/28 (Address) *Dep. Coroner*

*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

Washington Park

DATE OF BURIAL

6/11/1928

20. UNDERTAKER

Peoples and Co

ADDRESS

Franklin

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.

