

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.

22035

1. PLACE OF DEATH

County.....

Registration District No. 361

Township.....

Primary Registration District No. 1012

City.....

(No. City Hospital #2)

File No.

Registered No. 6202

St.

Ward.....

2. FULL NAME(a) Residence. No. 600 - 3 - Caring St.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 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**Colored**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)**Jan. 16, 1871**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

57419**8. OCCUPATION OF DECEASED**

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

nil

(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)

Alabama**10. NAME OF FATHER**George Fowley**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ala**12. MAIDEN NAME OF MOTHER**Unknown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ala**14.**

INFORMANT (Address)

Miss F. Woodard City Hospital #2**15.**

JUN - 9 1928

FILED

Mar C. Parker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 6-5- 1928**17.**I HEREBY CERTIFY, That I attended deceased from 6-4- 1928, to 6-5- 1928.that I last saw her alive on 6-5- 1928, and that death occurred, on the date stated above, at 10:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Heart and Kidney Disease
Myocarditis & Nephritis
Chronic**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) F. Cunningham, M. D., 19 (Address) 2945 Benton Ave.

*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. Peters6/9 1928**20. UNDERTAKER**ADDRESS 3035C. W. RobertsLucas

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