

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.

22297

1. PLACE OF DEATH

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

Registration District No. 797Primary Registration District No. 1003(No. 716 St. Sarah)

File No. 6480
Registered No. 6480
St. St. Louis Ward Ward

2. FULL NAME

(a) Residence. No. 716 St. Sarah St. St. Louis Ward 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.

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

Henry Simon

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

Sept. 28 1887

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.40819

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)

Troy

(STATE OR COUNTRY)

Lincoln Co., Mo.

10. NAME OF FATHER

James Harvey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Troy

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Susie Overall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Troy

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Susie Harvey
Troy, Missouri

15.

FILED

JUN 19 1928

Max C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 17 1928

17.

I HEREBY CERTIFY That I attended deceased from June 17, 1928, to June 17, 1928, that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 2:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis32 hrs

(duration)

2 weeks

CONTRIBUTORY (SECONDARY)

Uremia

(duration)

2 weeks

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. Allmeworth, M. D.6/18, 1928 (Address) 4054 Olive 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

Troy, Mo.June 20 1928

20. UNDERTAKER

ADDRESS

Manuel Hudd Co.4059 Finney

