

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

Do not use this space.

22495

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St Louis mo. (No. Barnes/Hoop)

File No. 6697

Registered No. 6697

St. Ward)

2. FULL NAME

Alies Sophie Price

(a) Residence. No. 4560 Garfield St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>				
7. AGE <u>about 47</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	<u>Landlady</u>
(b) General nature of industry, business, or establishment in which employed (or employer)	
(c) Name of employer	

9. BIRTHPLACE (CITY OR TOWN)	<u>Nashville</u>
(STATE OR COUNTRY)	<u>Tennessee</u>

PARENTS	10. NAME OF FATHER	<u>Sam Bailey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Unknown</u>
	(STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER	<u>Eligia Wright</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Unknown</u>
	(STATE OR COUNTRY)	

14. INFORMANT	<u>Mar Wylde Kidd</u>
(Address)	<u>4242 W Garfield St</u>

15. FILED	<u>N 26 1928</u>
	<u>May 2 Starks</u>
	REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23 1928

17. I HEREBY CERTIFY That I attended deceased from 4-30, 1928, to 6-23, 1928 that I last saw him alive on 6-23, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction due to Stricture of Rectum cause unknown

CONTRIBUTORY (SECONDARY) Bronchopneumonia

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-18-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Harmonell, M. D.

6. 74, 1928 (Address) Barnes/Hoop

*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

Washington Park June 27 1928

20. UNDERTAKER ADDRESS 4054

Manuel Blanks. Co. Grimes

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

