

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Maplewood*

Registration District No. *786*
Primary Registration District No. *4269*
(No. *7324 Manchester*)

file No. *24991*
Registered No. *44*
St. _____ Ward _____

2. FULL NAME *Josephine Whitworth*

(a) Residence No. *7324 Manchester* St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 2 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
32 4 20

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

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Mo*

PARENTS
10. NAME OF FATHER *Samuel Larrimore*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY) *Missouri*
12. MAIDEN NAME OF MOTHER *Carrie Tucker*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY) *Mo*

14. INFORMANT *William Whitworth*
(Address) *7324 Manchester*

15. FILED *7/23 1928 Mercedes Schuster*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 22 1928*
17. *9/*

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, *1:30 A.* m. *10/11*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia & acute interstitial nephritis

100% (duration) yrs. mos. da. *ds.*
CONTRIBUTORY (SECONDARY) *Inquest* (duration) yrs. mos. da. *ds.*

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Louis H. Boop* M.D.
July 23 1928 (Address) *131 Argonne Kirkwood Mo.*
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 *Vallahaala Cem.* DATE OF BURIAL *7/24 1928*

20. UNDERTAKER *Croghan 7146 Manchester* ADDRESS

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.

