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

Do not use this space.

25501

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 7315

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Mattie Manuel

(a) Residence. No. 2106 O'Fallon St., 21 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: Charles Manuel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 20-1902

7. AGE: 25 YEARS | MONTHS: 11 | DAYS: 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(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): Miss

PARENTS

10. NAME OF FATHER: Dan Griffin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Coldonie Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: Charles Manuel
(Address) 2106 A O'Fallon

15. FILED 21 14 1928, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-13 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-2, 1928, to 7-13, 1928, that I last saw her alive on 7-13, 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Miliary Tuberculosis
Tuberculous Meningitis (cerebral)
Tuberculosis Chr Pulmonary
(duration) 23A yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): 32A
(duration) 24A yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem Findings

(Signed) Charles W. Duden, M. D.
, 19 (Address) Barnes Hospital

*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: Shaw Miss
DATE OF BURIAL: 7-15-1928

20. UNDERTAKER: W S Wade Mrs Co Finney
ADDRESS 4202