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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 519 S 23rd St. ..... Ward)

File No. 25591

Registered No. 7408

2. FULL NAME Mamie Morris

(a) Residence. No. 519 S. 23rd St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 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: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF X (OR) WIFE OF: James Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/4/1910

7. AGE: Years 17 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(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): ala

PARENTS

10. NAME OF FATHER: Primas Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): ala

12. MAIDEN NAME OF MOTHER: Mamie Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): ala

14. INFORMANT: Anna Davis
(Address): 519 S. 23rd St

15. FILED: JUL 17 1928 Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to July 3, 1928, that I last saw her alive on June 30, 1928, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

100

101a (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. N. Vaughn, M. D

, 19 (Address) 11 N. Jefferson

*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: Greenwood Cemetery

DATE OF BURIAL: 7/17/ 1928

20. UNDERTAKER: Dunn Bros

ADDRESS: 215 S Jefferson ave

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

1928 yr
~~State File No.~~ 25591-28

State of Missouri
~~County~~ City of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 7403

On this 17 day of May, 1960, before me appears Bessie M Simms, who, upon Her oath, states that the original record of ~~birth~~ death for Mamie Morse ~~born~~ died July 3, 1928, 19..., in the State of Missouri, and which was filed at Jefferson City, Missouri on July 17, 1928, 19..., should be corrected as follows:

Item No. 2 should read Mamie Morse

Instead of Mamie Morris

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL) Funeral Director Affiant Bessie M Simms F.H.
Relationship.

3847 Page
Present Address.

Subscribed and sworn to before me this 17th day of May, 1960.

My Commission expires My Commission Expires March 30, 1961 Harry Wright Notary Public.

S-25591