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

Do not use this space.

File No. 26027

Registered No. 7889

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. City Hospital #2

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

2. FULL NAME Dorthy L. Scholars

(a) Residence. No. 1929 Biddle 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Col.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	12	4	15	

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

9. BIRTHPLACE (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Amos Scholars
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Estella Armstrong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED 4-6-1 19 Alex C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28-1928

17. I HEREBY CERTIFY, That I attended deceased from 7-27, 1928, to 7-28, 1928, that I last saw her alive on 7-28, 1928, and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrhage
(Intractable (Petechial))
545
1148
1250
(duration) yrs. mos. 3 ds.

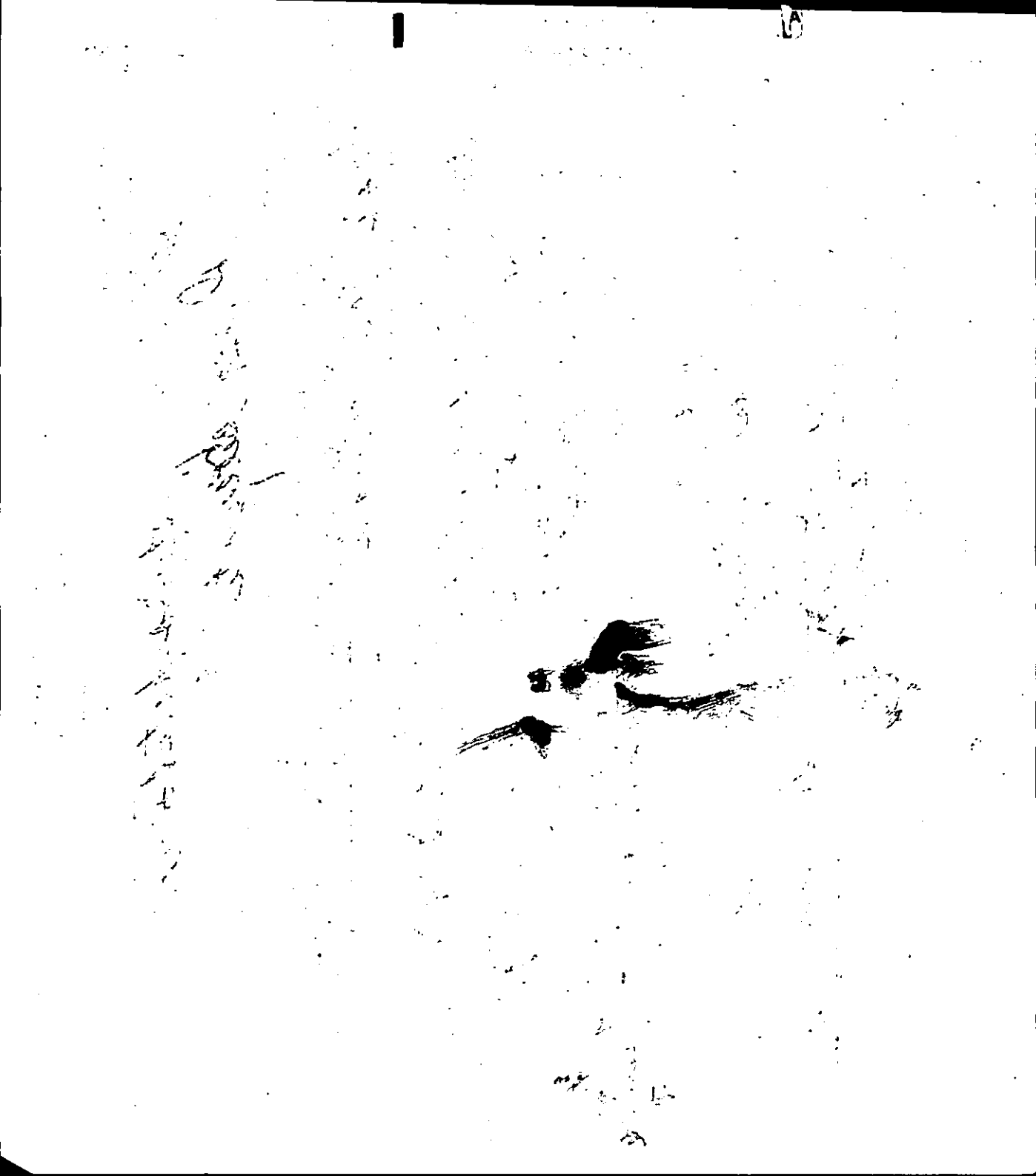
CONTRIBUTORY (SECONDARY) Adenomatous liver with Cholemia - (indefinite)
(duration) yrs. mos. ds.
non-malignant

18. WHERE WAS DISEASE CONTRACTED? Home
NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem
(Signed) T. E. Cunningham, M. D.
, 19 (Address) 2545 Lafayette

*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 Father Dickerson Cem. DATE OF BURIAL 8/1/1928

20. UNDERTAKER J. M. Hughes ADDRESS 2630 Lafayette

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

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.