

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

Do not use this space.

32270

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *4202* *Emmigh*)

File No.....
Registered No. **9582**
St. Word)

2. FULL NAME

(a) Residence, No. *4202 Emmigh* St., *19* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 11 1876*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Factory Employment*
(b) General nature of industry, business, or establishment in which employed (or employer) *Fisher Body Co.*
(c) Name of employer *Labor*

9. BIRTHPLACE (CITY OR TOWN) *Memphis*
(STATE OR COUNTRY) *Tenn.*

10. NAME OF FATHER *George Gansby*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Tenn.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Lucy Howell*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Tenn.*
(STATE OR COUNTRY)

14. INFORMANT *Madeline Gardner*
(Address) *4202 Emmigh St.*

15. FILED *28 122* *Man E. Starck*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 24 1928*

17. I HEREBY CERTIFY, That I attended deceased from *July 5*, 1928, to *Sept 28*, 1928, and that I last saw him alive on *28* Sept. 1928 and that death occurred, on the date stated above, at *8:45* p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
76
10 14
acute (duration) yrs. mos. ds. *5*

CONTRIBUTORY (SECONDARY) *Caries of Teeth*
acute (duration) yrs. mos. ds. *4*

18. WHERE WAS DISEASE CONTRACTED *not known*

IF NOT AT PLACE OF DEATH, DATE OF DISEASE OPERATIONS PRECEDE DEATH. *no*

19. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical & lab*
(Signed) *W. H. Howell*, M. D.
, 19 (Address) *4 So. Compton*

*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 *9/30/1928*

20. UNDERTAKER *Manual Undertaking Co. James St.* ADDRESS *103*

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.

