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

Do not use this space.

32341

1. PLACE OF DEATH

County ..... Registration District No. 791

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

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

File No. .....

Registered No. 9650

2. FULL NAME Birtie Raby

(a) Residence. No. 3523 N 9th St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: White Single

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1911

7. AGE: Years 17 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(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): Blyesville Ork.

PARENTS

10. NAME OF FATHER: Bert Raby

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

12. MAIDEN NAME OF MOTHER: Lillian Bono

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

14. INFORMANT (Address): Mrs. Eula Downing, 3325a North 9th Street

15. FILED OCT -1 1928, 19.. Mary C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28-1928

17. I HEREBY CERTIFY, That I attended deceased from 7-19, 1928, to 9-28, 1928 that I last saw her alive on 9-28, 1928, and that death occurred, on the date stated above, at 3 20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Simple due to Actinomycosis of Skin
Meningitis (Actinomycosis)
300 43H 139 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Abscess of back due to (Actinomycosis) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 6-6-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Signed) Norman Mack, M.D.
, 19 (Address) 600 S. Kingshighway

*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: Friedens

DATE OF BURIAL: Oct. 1 1928

20. UNDERTAKER: Math. Hermann and Son

ADDRESS: 3950 Carter Ave.

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.

...NET, WITH UNFADING INK—THIS IS A PERMANENT RECORD