

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

Do not use this space.

30853
33853
File No. _____
Registered No. 1205
St. _____ Ward)

1. PLACE OF DEATH *Jackson*
County *Jackson* Registration District No. *299*
Township *2.0. No* Primary Registration District No. *6th St*
City *Jackson* (No. *6th St*)

2. FULL NAME *Estrele Victoria Dial*
(a) Residence, No. *Old City Hospital* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Not known*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 35 — — —

8. OCCUPATION OF DECEASED *Not known*
(a) Trade, profession, or particular kind of 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) *Not known*

10. NAME OF FATHER *Not known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

14. INFORMANT (Address) *Julius W. Ficklin 1209 Sans St*

15. FILED *10/30/28* M. M. Craze *asst* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-26-28*

17. *Deputy coroner*
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
66 B (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) *66 B* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? *yes*
WHAT TEST CONFIRMED DIAGNOSIS? *autopsy*
(Signed) *Deputy coroner*, M.D.
10/30/28 (Address) *Deputy coroner*
*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 *St Louis Mo* DATE OF BURIAL *1030 1928*

20. UNDERTAKER *Julius W. Ficklin* ADDRESS *City*

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.

