

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

Do not use this space.

35083

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **27**) **Johnson Street** St. Ward)

File No.
 Registered No. **10063**

2. FULL NAME

Ida Smith
 (a) Residence. No. **27 Johnson** St., **N5** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1887-1-4**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	41	9	6	

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

9. BIRTHPLACE (CITY OR TOWN) **Not known**
 (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER **Minnie Imper**

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

14. INFORMANT **James Smith**
 (Address) **27 Johnson St**

15. FILED **11 13 1928** **Maub Starroff**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 11 1928**

17. I HEREBY CERTIFY That I attended deceased from **July 6th**, 1928, to **Oct 11th**, 1928, that I last saw her alive on **Oct 10th**, 1928, and that death occurred, on the date stated above, at **12:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Initial Incompetency
131
129 No 92A

CONTRIBUTORY **nephritis Chronic**
 (SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical finding**
 (Signed) **J. Jague**, M. D.
 (Address) **2137^{1/2} Market**

*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** DATE OF BURIAL **Oct 14th 1928**

20. UNDERTAKER **A. L. Beal** ADDRESS **2726 Lucas**

WRITE FULLY, 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.

