

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

Do not use this space.

38693

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... **1003**
City, *St. Louis Mo* (No. *1122*) *Franklin* Primary Registration District No.

File No.
Registered No. **11327**
St. Ward)

2. FULL NAME

Oney Ma Duwall
(a) Residence, No. *2115 Franklin Ave.*, *21* 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 (avoid the words) *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.
abt 39

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

9. BIRTHPLACE (CITY OR TOWN) *Kentucky*
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER *Henry Harmon*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Tenn*
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER *Bettie Morris*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Tenn*
(STATE OR COUNTRY)

14. INFORMANT *Irene Bigham*
(Address) *448 1/2 Cottage ave*

15. FILED *NOV 21 1928* *Max C. Stanley*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 15 1928*

17. I HEREBY CERTIFY, That I attended deceased from .., 19.., to .., 19.. that I last saw h. alive on .., 19.., and that death occurred, on the date stated above, at ..

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) *W. M. ...* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ..
8. DID AN OPERATION PRECEDE DEATH? .. DATE OF ..
WAS THERE AN AUTOPSY? ..

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *[Signature]*, M. D.
17/21/28 (Address)

*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 *Ketherdixon* DATE OF BURIAL *Nov 22 1928*

20. UNDERTAKER *J & Pope* ADDRESS *293 Lucas ave*

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.

