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

Do not use this space.

39042

File No. 39042

Registered No. 11730

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 11U03

2. FULL NAME Rosie Wilborn

(a) Residence. No. 2642 Market St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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: Col.

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) Aug. 1, 1888

7. AGE: Years 40 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(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) Ill.

PARENTS

10. NAME OF FATHER King Dowit

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

12. MAIDEN NAME OF MOTHER Frances Smith

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED 19 Mary O. Hanlon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-29- 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-28- 1928, to 11-29- 1928 that I last saw her alive on 11-28- 1928, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
1 yr.
Tbc
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Nephritis
?
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab
(Signed) T. E. Cunningham M. D.
, 19 (Address) 2945 Hunton

*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: Father Dickson Cemt. DATE OF BURIAL: 12/3/ 1928

20. UNDERTAKER: J. M. Hughes ADDRESS 2620 Easton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD