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

Do not use this space.

42557

File No.

Registered No. 11798

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo. (No. 2107 a Eugenia St. Ward)

2. FULL NAME Sula Preston

(a) Residence. No. 2107 a Eugenia 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 11 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: Allen Preston

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: About 38 | YEARS | MONTHS — | DAYS — | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Meridian
(STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: John Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mattie Huron

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

14. INFORMANT: Allen Preston
(Address) 2107 a Eugenia St.

15. Dec -4 1928 Filed, 19 Alex C. Harker Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1928, to Dec 1 1928 that I last saw h. alive on Nov. 30th 1928, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastritis
from eating cooked cabbage
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Mental Incompetency
(duration) 5 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? Physical findings

(Signed) J. S. Jones, M.D.

Dec 2, 1928 (Address) 2 B & 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: Laurel Miss

DATE OF BURIAL: 12/5 1928

20. UNDERTAKER: Dunn Bros.

ADDRESS: 215 S. Jefferson

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.

JUL 8 1944