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

Do not use this space.

42674

File No. 11924

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 1434 R N 13 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Rebecka Swope

(a) Residence. No. 1434 R N 13 St., 25 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): School Girl

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 – 1914

7. AGE: Years 14 | Months 8 | Days 16 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Girl
(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): Ark

PARENTS

10. NAME OF FATHER: John Swope

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

12. MAIDEN NAME OF MOTHER: Martha Person

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

14. INFORMANT: Martha Swope
(Address) 1434 R N 13 St

15. FILED DEC 8 1928, 19 May C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 – 6 – 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to Dec 6th, 1928, that I last saw h.t. alive on Dec 6th 1928, and that death occurred, on the date stated above, at 9 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101a

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. W. Hall, M. D

, 19 (Address) 932 N 14th W

*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: Washington Park

DATE OF BURIAL: 12-10-1928

20. UNDERTAKER: [illegible]

ADDRESS 4202 Finney

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