

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

Do not use this space.

43537

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 11003
 City St. Louis City Hospital # 2

File No.
 Registered No. 12858
 St. Ward)

2. FULL NAME

Jessie Douglas
 (a) Residence, No. 611 Beaumont St., 21 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Maid
 (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) Miss.

10. NAME OF FATHER Young Russell

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

12. MAIDEN NAME OF MOTHER Amanda Collins

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

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

15. FILED DEC 29 1928
Max Stanton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-27-1928
12-27-1928 to 12-27-1928
 that I last saw her alive on 12-27-1928, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung and Tuberculosis
23 days (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. mos. ds.

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

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray of film
 (Signed) T. Cunningham M. D.
 , 19 (Address) 2985 Jarboe

*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 Rosedale Miss. **DATE OF BURIAL** 12/30 1928

20. UNDERTAKER A. Russell Und. Co. Pine St.

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.

