

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

Do not use this space.

8252

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. No. 5600, Arsenal

File No.....
 Registered No. 1901
 St. 24th Ward

2. FULL NAME Celestia Melworth

(a) Residence No. 2224 N. 11th St., 26 Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/7 1929

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 1-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 11 6

17. I HEREBY CERTIFY, That I attended deceased from 1/17, 1929, to 2/7, 1929 that I last saw h. alive on 2/7, 1929, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

Pertussis
9 Bronchopneumonia Secondary
157th (duration) yrs. 1 mos. 7 ds.
 CONTRIBUTORY Otitis Media Acute
 (SECONDARY) (duration) yrs. 1 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IN PLACE OF DEATH? 2704 N. 4th St.

10. NAME OF FATHER Charles Melworth

Did AN OPERATION PRECEDE DEATH? No DATE OF.....

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

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Post. Autops.
 (Signed) Dr. J. H. ..., M. D.
2/7, 1929 (Address) 7600 Arsenal St.

12. MAIDEN NAME OF MOTHER Lellie Fields

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

*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.

14. INFORMANT Miss M. Neadrick
 (Address) Isolation Hospital

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wholona, Miss DATE OF BURIAL 2-9-1929

15. FFB -9 1929 Filed May 2 1929
W. C. ... REGISTRAR

20. UNDERTAKER Pattee Funeral Home ADDRESS 4107 Sunney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE known or 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.

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