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

Do not use this space.

12353

1. PLACE OF DEATH

County .... Registration District No. 791 1003 File No.

Township St Louis Primary Registration District No. Registered No. 2873

City .... (No. 4049 West Bell St. .... Ward)

2. FULL NAME Annettia Bell Jelks

(a) Residence. No. .... St., " 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	—	4	

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

9. BIRTHPLACE (CITY OR TOWN) Keatchie
(STATE OR COUNTRY) La.

PARENTS

10. NAME OF FATHER Jerry Samuel

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

12. MAIDEN NAME OF MOTHER Lizzie Thompson

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

14. INFORMANT Henry Jelks
(Address) 4049 West Bell

15. FILED MAR -5 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3rd 1929

17. I HEREBY CERTIFY, That I attended deceased from February 12th, 1929, to March 3rd, 1929, that I last saw her alive on March 3rd, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23 A

Phthisis Pulmonalis

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ....yrs. ....mos. ....ds.

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

DID AN OPERATION PRECEDE DEATH? .... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) E. Allmeroth, M. D.

3/4, 1929 (Address) 4054A Olive St.

*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 Shreveport La. DATE OF BURIAL 3/6 1929

20. UNDERTAKER Mannel Undt. Co. ADDRESS 4039 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

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