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

Do not use this space.

12421

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 2813 a Bernard St. ..... Ward)

File No. .....

Registered No. 2942

2. FULL NAME Della Killbon

(a) Residence. No. 2813 a Bernard 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 8 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
X HUSBAND OF (OR) WIFE OF George Killbon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/17/1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	4	16	

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

235

9. BIRTHPLACE (CITY OR TOWN) Starkville
(STATE OR COUNTRY) Miss

2

PARENTS

10. NAME OF FATHER John McKill

2

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

12. MAIDEN NAME OF MOTHER Alice Davis

2

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

14. INFORMANT Alma Gibson
(Address) 2813 a Bernard St

15. FILED ..... Max C Starkwff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3th 1929

17. ~~I~~ HEREBY CERTIFY, That I attended deceased from Jan 4th 1929, to Mar 3th 1929, that I last saw h. ~~R.~~ alive on Mar 3th 1929 and that death occurred, on the date stated above, at 5-05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis

91A

88B

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

CONTRIBUTORY (SECONDARY) .....

(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? .....

(Signed) E L Gordon, M. D

, 19 (Address) 7th N Vandeventer

*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, Cemetery

DATE OF BURIAL: 3/10, 1929

20. UNDERTAKER: Dunn Bros

ADDRESS: 215 S Jefferson ave

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.