

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

Do not use this space.

13016

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No.) St. Ward

File No.....
 Registered No. 3571
 St. Ward

2. FULL NAME Matthew Parker

(a) Residence. No. 1706 Austin 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 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND or (OR) WIFE of <u>Wall Cooper</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8. 28 - 1886</u>		
7. AGE	YEARS	MONTHS
<u>*</u>	<u>42</u>	<u>6</u>
		DAYS
		<u>23</u>
		If LESS than day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Domestic</u> <u>23</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>30</u>		
(c) Name of employer <u>11</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1929

17. I HEREBY CERTIFY That I attended deceased from February 7 1929 to March 18 1929.
 that I last saw her alive on 3/18/29 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute
Nephritic Tuberculosis
of Lungs & Kidneys

CONTRIBUTORY (SECONDARY) La Grippe
 (duration) yrs. mos. ds.

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

8. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. J. Jones M. D.
3/19/29 (Address) 703 Morgan

*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.

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

10. NAME OF FATHER Bert Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Nancy Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Thomas Harris
 (Address) 1706 Austin

15. FILED..... 19.....
May C. Stuber
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL Apr 23 1929

20. UNDERTAKER B. Leonard ADDRESS 2702

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.

2730
 2
 31
 31

