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.

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

Do not use this space.

13193

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3753

City S. Louis (No. City Hospital ..... St. ..... Ward)

19150

2. FULL NAME (Vina Umphres) Vina Umphres

(a) Residence. No. 4132 N Newstead 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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: White
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) March 17 1854

7. AGE: Years 75 | Months | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dr Home 18[illegible] 19[illegible]
(b) General nature of industry, business, or establishment in which employed (or employer): 93
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ark Kansas

PARENTS

10. NAME OF FATHER: Rick Sedrar

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

12. MAIDEN NAME OF MOTHER: Nancy Workman

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

14. INFORMANT: E Rowan
(Address) City Hosp.

15. FILED ..... 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929

17. I HEREBY CERTIFY That I attended deceased from March 20, 1929, to March 27, 1929, that I last saw h. alive on March 27, 1929, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of neck of right femur due to fall at home accident (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) ..... yrs. ..... mos. ..... ds.

185

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) Henry C. Westerman, M. D

27, 1929 (Address) City Hospital

*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: Perry Ark | DATE OF BURIAL: Mar 28 1929

20. UNDERTAKER: Provost Und Co | ADDRESS: 3710 N Grand

Memphis