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

Do not use this space.

13242

File No. 3804

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2822 D. Dayton St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Clara A. Holmes

(a) Residence. No. 2822 D Dayton St., 21 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: Female

4. COLOR OR RACE: Negro

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) Oct. 29, 1902

7. AGE: Years 26 | Months 4 | Days 27 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Mo.

PARENTS

10. NAME OF FATHER: Alfred Woods

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

12. MAIDEN NAME OF MOTHER: Victoria Dupree

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

14. INFORMANT: Forestine Woods
(Address) 2822 D. Dayton St.

15. FILED MAR 29 1929, 19 Max C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26-1929

17. I HEREBY CERTIFY, That I attended deceased on 3-7-1929, to ___, 19___, that I last saw her alive on 3-25-1929, and that death occurred, on the date stated above, at 6:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A
69B
70B

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

CONTRIBUTORY (SECONDARY): Toxemia, anemia.

Malnutrition (duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED ?

IF NOT AT PLACE OF DEATH? ___ X

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF ___

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscope

(Signed) R. E. Long, M.D.

, 19 (Address) 1402 N. Garrison

*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: St Peters Cem.

DATE OF BURIAL: 3/29 1929

20. UNDERTAKER: A. Russell Und. Co. Pine St.

ADDRESS 2732

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.

PERMANENT RECORD