

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

Do not use this space.

13352

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis Mo. No. 919 Wash St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 3921

**2. FULL NAME**

(a) Residence. No. 919 Wash St., 25 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sam Jardine  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) UNKNOWN  
 7. AGE YEARS MONTHS DAYS 29 — — — If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27 1929  
 17. I HEREBY CERTIFY, That I attended deceased from 9-27 1927, to 3-27 1929, that I last saw her alive on 3-7 1929, and that death occurred, on the date stated above, at 1 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
10/15 / 1008 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 1008 (duration) yrs. mos. ds.

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 employee).  
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) O. F. Pender, M. D.  
 19 (Address) 2746 Franklin

9. BIRTHPLACE (CITY OR TOWN) Tallapoosa (STATE OR COUNTRY) Alabama  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Sam Jardine (Address) 909 Wash St  
 15. FILED Mar C Farley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tallapoosa, Alabama DATE OF BURIAL April 1, 1929  
 20. UNDERTAKER Metropolitan Funeral Home ADDRESS 3229 Lucas

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.

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RECORD

