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.

MAY 29 1929

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

Do not use this space.

15905

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 147

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Bynum, Muriel (Muriel Bynum)

(a) Residence. No. 1018 N. Whittier Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 5 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): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Separated

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1906

7. AGE: Years 22 — Months 3 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Wm. Armstrong

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

12. MAIDEN NAME OF MOTHER: Martha Clark

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

14. INFORMANT (Address): Koch Hospital

15. Apr. 18, 1929 — Filed — L. C. Obrock, Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1929, to Apr. 17, 1929, that I last saw her alive on Apr. 17, 1929, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 23A

Pulm. Tuberculosis

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

CONTRIBUTORY (SECONDARY) (Unconscious: only in hospital 5 days) (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray - Sputum

(Signed) W. W. Davault, M. D.

4/17/29, 19 (Address) Koch, Mo.

*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. Father Dixon Cem.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: ~~Washington Park~~ — DATE OF BURIAL: April 2 1929

20. UNDERTAKER: Gates Funeral Home — ADDRESS: 4107 Finney

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