

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

Do not use this space.

19568-

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 3209 Lucas Ave.) Registered No. 5169 (Ward)

2. FULL NAME

(a) Residence. No. 3209 Lucas Ave. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 1 15

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) Mississippi
 (STATE OR COUNTRY)

10. NAME OF FATHER Jessie Hurd

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

12. MAIDEN NAME OF MOTHER Laura Harris

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

14. INFORMANT Laura Johnson
 (Address) 3209 Lucas Ave.

15. FILED MAY 29 1928 Wm C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 19 29

17. I HEREBY CERTIFY That I attended deceased from Jan 29, 1929, to May 5, 1929, and that I last saw her alive on May 3, 1929, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia due to Proso Abscess
 (duration) yrs. mos. da. 4

CONTRIBUTORY (SECONDARY) yes
 (duration) yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Lucent Mull, M. D.

7. 19 29 (Address) 2335 Franklin

*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 Washington Park DATE OF BURIAL 5/9 19 29

20. UNDERTAKER CW Roberts & Co ADDRESS 3035 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.

WHITE INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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