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

Do not use this space.

22385

1929

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township — Primary Registration District No. 3036
City St Charles (No. 1305 N. 4th St. — Ward)

File No. — Registered No. 90

2. FULL NAME Martha Black
(a) Residence. No. 1305 N. 4th St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	4	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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 ? Verdine
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No History
12. MAIDEN NAME OF MOTHER No History
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No History

14. INFORMANT Noel Stuart
(Address) St Louis Mo

15. FILED 6/5 1929 Ay. G. Blochaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 19 - 1929 - 1929, to June 3 1929 - that I last saw h. alive on June 3 1929, and that death occurred, on the date stated above, at 2.15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia -
NOTH
(duration) yrs. mos. 15 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No knowledge -
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab Exam -
(Signed) B. Gene Hanson, M. D.
June 3, 1929 (Address) 200 Clay St St Louis 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemetery	June 5 1929
20. UNDERTAKER	ADDRESS
H Duelmeyer & Sons	8 Ro 4th St

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.

92 27 8 7 262 1 31