

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

Do not use this space.

23306

1. PLACE OF DEATH

County.....

Registration District No. **791**

Towship.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital # 2**)

File No.

Registered No. **6788**

St. Ward)

2. FULL NAME

(a) Residence. No. **1732 1/2 Division of 25** St. **25** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **46** 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 **Col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 14 1882**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	46	6	8	

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) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Charlie Bennett**

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

12. MAIDEN NAME OF MOTHER **Lena Ball**

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

14. INFORMANT **Anna Fullard**
(Address) **City Hospital # 2**

15. FILED **JUN 26 1929** REGISTRAR **W. E. Starnes**

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6 - 22** 19 **29**

17. I HEREBY CERTIFY, That I attended deceased from **June 17**, 19 **29**, to **June 22**, 19 **29** that I last saw her alive on **June 21**, 19 **29** and that death occurred, on the date stated above, at **3:20 A. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
Ch. Nephritis (duration) yrs **4** mos. ds.
CONTRIBUTORY (SECONDARY) **Ch. Nephritis** (duration) yrs **4** mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **H. W. Leathers**, M. D.

6/22, 19 **29** (Address) **City Hospital # 2**

*State the DISEASE CAUSING DEATH, or indicate if from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Father Flickson Cem** DATE OF BURIAL **6-26, 19 29**

20. UNDERTAKER **Peoples Und. Co. Franklin** ADDRESS **319 1/2**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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