

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003

File No. 23502  
Registered No. 7605  
St. Ward)

**2. FULL NAME**

(a) Residence. No. 1920 Division St., 21 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 14 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 Col.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22 1929

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

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1929, until June 22, 1929, that I last saw her alive on June 22, 1929, and that death occurred, on the date stated above, at 9:58 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1929

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
14

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. H. Walters, M. D.  
(Address) City Hosp # 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

Nil

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis, Mo.

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Anna F. Woodard  
(Address) City Hospital # 2

15. FILED JUL 23 1929  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
POTTERS FIELD.  
DATE OF BURIAL 7-25-1929

20. UNDERTAKER  
R. Adson 2945 Lawton  
ADDRESS

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.

