

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

Do not use this space.

26594

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 1309) Carr St

File No.....
 Registered No. 7864
 St..... Ward)

2. FULL NAME

(a) Residence. No. 1309 Carr Street St., 25 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Cald</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1893-12-6

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or mls.
	<u>35</u>	<u>7</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fayette Miss
 (STATE OR COUNTRY)

10. NAME OF FATHER Bill Thompson

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

12. MAIDEN NAME OF MOTHER Little Johnson

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

14. INFORMANT Coaley Humes
 (Address) 1309 Carr Street

15. FILED 30 1929 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27th 1929

17. HEREBY CERTIFY, That I attended deceased from July 26th, 1929, to July 27th, 1929, that last saw him/her alive on July 27th, 1929, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 80 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... Unknown
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) B. W. Hald M. D.

*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 Blytheville Ark DATE OF BURIAL Aug 2nd 1929
 20. UNDERAKER A. L. Beal and Co ADDRESS 2726 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.

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