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

Do not use this space.

28847

1. PLACE OF DEATH

County St. Louis — Registration District No. 1-23

Township Carondelet — Primary Registration District No. 3248 B — File No.

City Koch (No. Robt. Koch Hosp. St. Ward) — Registered No. 304

2. FULL NAME Viggs, Julia

(a) Residence (Usual place of abode) 2726 Washington Ave. St., Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 3 mos. 5 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	NEGRO	WIDOW

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	29	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil

(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)

PARENTS

10. NAME OF FATHER Hyken Simpkins

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

12. MAIDEN NAME OF MOTHER Elmira Patton

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

14. INFORMANT R. Koch Hospital Records (Address) Koch Ho.

15. FILED Aug 16 1929 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 13 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to Aug. 13, 1929, 19..., that I last saw h...er alive on Aug. 13, 1929, 19..., and that death occurred, on the date stated above, at 5:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) A. Glenn Mavis, M. D.

8/13/29 (Address) Koch Hospital

*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 Greenwood — DATE OF BURIAL Aug 18 1929

20. UNDERTAKER C. W. Roberts — 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD