

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 15 N. Compton) St. _____ Ward _____

32710
 File No. _____
 Registered No. 9040
 St. _____ Ward _____

2. FULL NAME

Maggie Smith
 (a) Residence No. 15 N. Compton St. 16 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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>abt.</u>	<u>49</u>			

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)

(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER Wesley Smith

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

12. MAIDEN NAME OF MOTHER Lucy Stanford

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

14. INFORMANT Wm. Smith
 (Address) 15 N. Compton Ave

15. FILED SEP 17 1929 May C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1929, to Sept. 2, 1929, that I last saw her alive on Sept. 2, 1929, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
87A
102 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Hyper tension
 (duration) _____ yrs. _____ mos. _____ ds.

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

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

18. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chum. v. tub
 (Signed) P. Connersong, M. D.

, 19 _____ (Address) 2803 Pme

*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 Cem. DATE OF BURIAL 9/8 1929

20. UNDERTAKER A. W. Roberts ADDRESS 3035 Lucas

Greenwood

235

2

31

