

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

Do not use this space.

32296

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 811<sup>2</sup>, 71, 20<sup>th</sup> St., ..... Ward)

File No. ....  
Registered No. 9388  
St. .... Ward)

**2. FULL NAME**

Rosie Luella Freeman  
(a) Residence, No. 811<sup>2</sup> No. 20<sup>th</sup> St., 21 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17, 1929

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1929 to Sept 17, 1929, and that I last saw her alive on Sept 15, 1929, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pul Tuberculosis  
23A  
..... (duration) ..... yrs. 3 mos. .... ds.

CONTRIBUTORY (SECONDARY)

..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) C. J. McCallen, M. D.

X-19. 1925 (Address) 2335 Franklin

\*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

DATE OF BURIAL

Washington PK. Sept 20 19 29  
20. UNDERTAKER Peoples Und. Co. ADDRESS 3100 Franklin

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) myerville miss.

PARENTS

10. NAME OF FATHER

Ben Jacobs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) NC Carolina

12. MAIDEN NAME OF MOTHER

Fisella Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) myerville miss.

14. INFORMANT

(Address) Rosa Bell madison  
811<sup>2</sup> No. 20<sup>th</sup> Str.

15. FILED

SEP 20 1929  
W. C. Stanley  
REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

