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

Do not use this space.

35313

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35313

Township ..... Primary Registration District No. 1003 Registered No. 10055

City St Louis Mo (No. 2533 Howard St St. ..... Ward)

2. FULL NAME Mattie Provine

(a) Residence. No. 2533 Howard St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
About	72			

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) .....

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Texas.
(STATE OR COUNTRY)

2

PARENTS

10. NAME OF FATHER Jom McDonald.

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

12. MAIDEN NAME OF MOTHER Dont know.

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

14. INFORMANT Mrs L. Agee
(Address) 2533 Howard St.

15. FILED Oct 11 1929 Max C Starkle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1929, to Oct 11, 1929, that I last saw her alive on Oct 10, 1929, and that death occurred, on the date stated above, at 6 50 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Endocarditis. Chr.

92A

90A

..... (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) None

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) J. O. Peeler M.D.

Oct 11 1929 (Address) 2505 No 15th

*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
Zions	Oct 14 1929
20. UNDERTAKER	ADDRESS 1417
Hy Leidner Und Co	N. Market St.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.