WRITE 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.

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

Do not use this space.

38489

1. PLACE OF DEATH

County..... Registration District No. 1002 (791)

Township..... Primary Registration District No.....

City St. Louis, (No. 2938 a Dickxon St. ..... Ward)

File No.....

Registered No. 10881

2. FULL NAME Lizzie Hornbeak

(a) Residence. No. 2938 a Dickson St., 21 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	Negro	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 3

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	1	25	

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

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

PARENTS

10. NAME OF FATHER Henderson McLonghlin

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

12. MAIDEN NAME OF MOTHER Josephine Havis

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

14. INFORMANT Bertha Fortenberry
(Address) 3221 Laclede

15. FILED Nov 7 1929 Chas C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-4- 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/20 1929, to 11/4 1929 that I last saw her alive on 11/3 1929, and that death occurred, on the date stated above, at 3:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

..... (duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (SECONDARY) 23A ..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. G. Mayo, M. D.

11/6, 1929 (Address) 3 Blackwell

*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 Harriston, Miss — DATE OF BURIAL 11/7 1929

20. UNDERTAKER Gate's Funeral Home — ADDRESS 4107 Finney

235

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