

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

Do not use this space. **3622**
~~8194~~
~~3051~~

1. PLACE OF DEATH

County..... Registration District No. **F 791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** No. **1011** **N. Leffingwell** File No. Registered No. **1459**
 St. Ward)

2. FULL NAME

Julia Watson
 (a) Residence. No. **1011 N. Leffingwell** 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 **Female**
4. COLOR OR RACE **negro**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widowed**
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.
abt. 74
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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 3 1930**
17. No Physician Attendance
I HEREBY CERTIFY. That I attended deceased from 19....., to 19.....
 that I last saw h..... alive on and that death occurred, on the date stated above, at **3:20 p.m.**
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **908**
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)
10. NAME OF FATHER **Unknown**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
20. WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **John H. Kinley**, M.D.
21, 19**30** (Address) **Deputy Coroner**
 *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.

14. INFORMANT **John Thomas**
 (Address) **1011 N. Leffingwell**
15. FILED **Jan 4 1930**
W. C. Hartley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood Cemetery** **2/11 1930**
20. UNDERTAKER **C. H. Roberts** **Lucas Ave.**

At least 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.

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