

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

Do not use this space.

**791  
1003**

**6761**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 4422) Lucky St.

File No.....  
Registered No. 1593  
St. .... Ward)

**2. FULL NAME** Georgia Bertha Clay

(a) Residence. No. 4422 Lucky St., 11 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**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb. 11, 1930

**17. I HEREBY CERTIFY**, That I attended deceased from January 27, 1930 to January 30, 1930, that I last saw her alive on January 29, 1930, and that death occurred, on the date stated above at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Pneumonia  
1184  
108 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Acute phlegmonous  
Gastritis (duration) yrs. mos. ds. 9

**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 Clinical  
(Signed) J. Thomas, M. D.

2/12, 1930 (Address) 822 A. N. Jefferson  
\*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** St. Charles, Mo. **DATE OF BURIAL** Feb. 16, 1930

**20. UNDERTAKER** Steinbrinker U. Co., St. Charles, Mo.

**3. SEX** Female **4. COLOR OR RACE** Black **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept. 2, 1860

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 5 9

**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) Missouri  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Benson Lewis

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

**12. MAIDEN NAME OF MOTHER** Don't know

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

**14. INFORMANT** Henry Clay  
(Address) St. Charles, Mo.

**15. FILED** 1930 193 May C. Hardy REGISTRAR

1-35

825 N. Jefferson Ave.

Case 4672

1-3. or 6-9.