

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

Do not use this space.

17907

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 1728 & Morgan)

File No.....
Registered No. 5053
St. Ward)

2. FULL NAME

(a) Residence No. Rosa Stouts 1728 & Morgan 25 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Stouts</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>				
7. AGE YEARS <u>about 50</u>	MONTHS <u>—</u>	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House-wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

1. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/20 1930

17. No Physician in Attendance
HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 9:00 ~~AM~~ AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
(Non Traumatic)
82A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Hurley, M. D.
5/13 1930 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Washington Park</u>	DATE OF BURIAL <u>5/24 1930</u>
20. UNDERTAKER/ <u>Peoples Und. Co.</u>	ADDRESS <u>3100 Franklin</u>

9. BIRTHPLACE (CITY OR TOWN)

Covington
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER John Saunders

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

12. MAIDEN NAME OF MOTHER Ettie Tipton

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

14. INFORMANT James Johnson
(Address) 1603 Morgan St.

15. FILED 23 1930 Max C. Stanley
REGISTRAR

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.

Be
16-11-1951

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