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

Do not use this space.

24121

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township Bonhomme — Primary Registration District No. 6031 — Registered No. 141

City VALLEY PARK, MO. (No. ..... St. ..... Ward)

2. FULL NAME MABEL TEMPERANCE LOVE.

(a) Residence. No. VALLEY PARK, MISSOURI. St., ... 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.

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE.	WHITE.	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/5/1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	10	6	

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) QUINCY.
(STATE OR COUNTRY) ILLINOIS,

PARENTS

10. NAME OF FATHER GEORGE BAKER.

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

12. MAIDEN NAME OF MOTHER ANNIE WILLIAMS.

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

14. INFORMANT Thomas Love.
(Address) Valley Park Mo

15. FILED 8/8, 1930 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/11.30. 19

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to July 11, 1930 that I last saw her alive on July 11, 1930, and that death occurred, on the date stated above, at 9-50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) yrs. 6 mos. 11 ds.

CONTRIBUTORY (SECONDARY) 31 (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? Byrns

(Signed) R. Emmett Byrns, M.D.

July 12 1930 (Address) 3802 N Grand Bl

*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
ST. PETERS. CEMETERY.	7/14/30 19

20. UNDERTAKER	ADDRESS
Provost Und. Co	3710 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.