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

Do not use this space.

24558

File No. 6714.
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 4763 Genevieve Ave St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Serena Doggett

(a) Residence. No. 4763 Genevieve St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late George M. Doggett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	0	13	

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) at home
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Sebum Hurley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Tompkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Roy Flatbush
(Address) 4763 Genevieve ave

15. FILED JUL 11 1930 Ray C Hurley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to July 11 1930 that I last saw him alive on July 3rd 1930 and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
42A
(duration) one 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? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. R. Newman M. D.
7/11 1930 (Address) 5330 Geraldine Av.

*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 Steelville Mo. DATE OF BURIAL 7-12 1930

20. UNDERTAKER Kriegshauser & Co ADDRESS 4238 S Kingshighway

5330 Headdin