

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

Do not use this space.

24630

**1. PLACE OF DEATH**

County.....

Registration District No. 2407

File No. 24630

Township.....

Primary Registration District No. 1000

Registered No. 6789

City..... (No. ISOLATION HOSPITAL)

24th Ward

**2. FULL NAME**

Jessie Morrison

(a) Residence. No. 3219<sup>a</sup> Laclede 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**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>ab</u>	<u>32</u>	<u>?</u>	<u>?</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. housework - laundry  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Parkain Robinson

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

12. MAIDEN NAME OF MOTHER Betty Robinson

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

14. INFORMANT E. Sheridan  
(Address) ISOLATION HOSPITAL

15. FILED JUL 13 1933 Miss C. J. Maske REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930 to July 11, 1930, that I last saw him alive on July 11, 1930, and that death occurred, on the date stated above, at 8:30 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
2.3A  
(duration) yrs. 7 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? ?  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Smitt's - Sputum  
(Signed) Thos. J. Updegraff M. D.  
7-11-1930 ISOLATION HOSPITAL

\*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 East St. Louis Ill DATE OF BURIAL 7/19 1930

20. UNDERTAKER B. J. Maske ADDRESS 1117 1/2 13th St. St. Louis

A. 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.

