WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
28764

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. 1721 Carr St. ..... Ward)

File No. 8741
Registered No. .....

2. FULL NAME Mary Lefroa Lefloxe
(a) Residence. No. 1721 Carr St. NP 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1874

7. AGE: YEARS 55 MONTHS 11 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

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) Richmond
(STATE OR COUNTRY) Va

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

14. INFORMANT Mrs C Renl Sims
(Address) 1721 Carr

15. FILED SEP 3 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28th 1930

17. I HEREBY CERTIFY, That I attended deceased from March/25 1930 to Aug/28 1930 that I last saw her alive on AUG/28.30 19..., and that death occurred, on the date stated above, at 6-24 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CH. MYOCARDITIS
121
9
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) INTERSTITIAL NEPHRITIS
Chronic (duration) I 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? Microscope
(Signed) W. L. Moore, M. D.
8/29/30 (Address) 1336 Franklin

*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: Columbus Miss
DATE OF BURIAL: Sept 5 1930

20. UNDERTAKER: Richardson & Tyler
ADDRESS: 1020 Brooklyn St

State of ..... } ss.
County of .....

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 28766-30
Local Registrar's No. 8741

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Mary Leflore xxxx died/born 8-28-1930, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Mary Leflore
Instead of Mary Lefroa

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Irene Grimes Inf.
Relationship.

1116 N. Jefferson
Present Address.

Subscribed and sworn to before me this 1 day of ~~Sep~~ Oct., 194 9

My Commission Expires March 4th, 1953

My Commission expires ..... Ella C. Paddock Notary Public.

S-28764