

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

Do not use this space.

31541

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis Mo.** Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **4117 Finney Ave.**)
 St. Ward)

File No.
 Registered No. **9155**
 St. Ward)

2. FULL NAME

Carolyn Douglas
 (a) Residence No. **4117 Finney Ave.** 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 **Col.**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 1884**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 yrs 46
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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Deplar Bluff, Missouri**
10. NAME OF FATHER **Reuben Wyatt**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**
12. MAIDEN NAME OF MOTHER **Lucy Martin**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

14. INFORMANT **William H. Wyatt**
 (Address) **4107 Finney Ave.**

15. FILED **23** 19 **May 1930** REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **September 22 1930**
17. I HEREBY CERTIFY, That I attended deceased from **Sept. 18**, 19**30**, to **Sept 22**, 19**30** that I last saw her alive on **Sept 22**, 19**30** and that death occurred, on the date stated above, at **10:30** A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Acute
131
93 (duration) **3** yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Chronic interstitial nephritis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1290**
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **O. S. Mc Clellan**, M. D.
9/27, 1930 (Address) **1046 N. Sarah**

*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 **Deplar Bluff Mo.** **DATE OF BURIAL** **9-24 1930**

20. UNDERTAKER **C. S. Gates** **ADDRESS** **4107 Finney**

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.

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