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

Do not use this space.

34697

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10083

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 3101a Caroline St. ..... Ward)

2. FULL NAME Lida McCorriston

(a) Residence. No. ..... St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Col'd	married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Thomas McCorriston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	9	20	

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) 92P

(c) Name of employer 93C

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

PARENTS

10. NAME OF FATHER W. Y. Wilson

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Thomas McCorriston
(Address) 3101a Caroline

15. FILED OCT 24 1930 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21- 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-19- 1930, to 10-21- 1930 that I last saw her alive on 10-19- 1930, and that death occurred, on the date stated above, at 10 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: — Cerebral-Hemorrhage Chronic Valvular Disease of the heart - Chronic Myocarditis Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) — Hypertension

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF — no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab.

(Signed) J. E. Winston M. D

10/22, 1930 (Address) 2746 Wash

*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
Greenwood	Oct. 25 1930
20. UNDERTAKER	ADDRESS 2906
J H Harrison	Lawton

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.

...THIS IS A PERMANENT RECORD