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

Do not use this space.

37639

File No. 10726

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 4753 Vernon Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Carrie May Valentine

(a) Residence. No. 4753 Vernon Ave St., 12 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	-	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(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) Ills

PARENTS

10. NAME OF FATHER William Collins

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

12. MAIDEN NAME OF MOTHER Mary Mott

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

14. INFORMANT James Valentine
(Address) 4753 Vernon Ave

15. FILED 12 1930 19 Ray C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1930 to Nov. 10, 1930 that I last saw h. alive on Nov. 9, 1930, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
(Recurrent)
(duration) 1 yrs. 10 mos. - ds.

CONTRIBUTORY (SECONDARY) General Arterio Sclerosis
(duration) 15 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) Sherdon P. Bowles, M. D.
11-11, 1930 (Address) 6505 Bland

*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 Bloomington Ills — DATE OF BURIAL 11-12 1930

20. UNDERTAKER Geo. E. Mahler — ADDRESS 4725 St Louis Ave

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.

WITH BLEEDING INK—THIS IS A PERMANENT RECORD