

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

Do not use this space.

41192

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. No. 2922 Southern Ave

File No. ....

Registered No. 11858

St. .... Ward)

**2. FULL NAME**

Emma (White) Grace

(a) Residence. No. 2922 Southern St. 21 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

Widow

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

June 4<sup>th</sup> 1868

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ..... hrs. or ..... min.

62

6

13

8. OCCUPATION OF DECEASED

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

Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

Nurse

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Columbus

(STATE OR COUNTRY)

Miss

PARENTS

10. NAME OF FATHER

Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Not Known

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Arena Hines

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Columbus

(STATE OR COUNTRY)

Miss.

14. INFORMANT

Paul Fulton

(Address)

2922 - Southern Ave.

15.

FILED 19 1933

May C. Starkey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 / 17 / 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 / 10 / 1930 to 12 / 17 / 1930 that I last saw her alive on 11 / 10 / 1930, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis

117A

129 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) gastric ulcers

(duration) 10 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 History - symptoms

(Signed) Wm E. Rice M. D.

12/19/1930 (Address) 2340 - Market

\*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

Columbus Miss

12-20 1930

20. UNDERTAKER

ADDRESS

A. S. Beal Und. Co.

2726

Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE amount or stated. CAUSE OF DEATH in plain terms, so that it may be properly classified.

