

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

Do not use this space.

3963

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

File No. **1212**

Registered No. **1212**

St. Ward)

2. FULL NAME

(a) Residence. No. **908th Rear Bass**, **15** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. da. 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)

Married

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

Willie Howard

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

Jan 26 - 1885

7. AGE

36 YEARS

XX MONTHS

35 DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Nursewife

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

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

North Carolina

PARENTS

10. NAME OF FATHER

John Kintney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT (Address)

Genevra Joseph 908th Rear Bass

15. FILED

31

19

Mar C. [unclear]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 29 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 25** 19**31**, to **Jan 29** 19**31**, that I last saw him alive on **Jan 29** 19**31** and that death occurred, on the date stated above, at **8:45** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sobor Pneumonia

108 (duration) yrs. mos. **4** da.

CONTRIBUTORY (SECONDARY)

108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. J. [unclear]**, M. D.

. 19 (Address) **2011 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

Father Nielsen

DATE OF BURIAL

Feb. 8

20. UNDERTAKER

James E. Petter, 3030 Belle a

ADDRESS

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.

