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

Do not use this space.

3991

File No. 1200

Registered No.

1. PLACE OF DEATH
County 1201 S. Cardinal St. Registration District No. 791
Township St. L. Primary Registration District No. 1003
City St. Louis, Mo (No. 1201 S. Cardinal St. Ward)

2. FULL NAME Annie Chambers
(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. 54 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-28-1859

7. AGE: Years 72 | Months [redacted] | Days [redacted] | If LESS than 1 day, hrs. or min.

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): Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Columbia, Mo.

PARENTS
10. NAME OF FATHER Smith Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Jane Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT William Turner
(Address) 1113 a N. Sarah St.

15. FILED JAN 31 1933 Mary E. Vorhees
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/28 1931

17.
I HEREBY CERTIFY, That I attended deceased from 1/21/31, 1931, to 1/28/31, 1931
that I last saw h. alive on 1/28/31, 1931, and that
death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
1 wk (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) (duration) 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) E. T. Taylor, M. D
1/30, 1931 (Address) 318 S. Channing

*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 Dickerson
DATE OF BURIAL: 1-31-1931

20. UNDERTAKER: Wm Nunley
ADDRESS: 4125 Finney Ave.