

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.

MAR 27 1931

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

Do not use this space.

7029

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 1170
Township RICHMOND HEIGHTS Primary Registration District No. 624TH
City (No) 1626 LINCOLN AVENUE

File No. _____
Registered No. 45-
St. _____ Ward _____

2. FULL NAME DOLORIS FLOURNOY

(a) Residence. No. 1626 LINCOLN AVE St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State) ds.

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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 30, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) CHICAGO 2
(STATE OR COUNTRY) ILLINOIS

10. NAME OF FATHER ALBERT FLOURNOY
11. BIRTHPLACE OF FATHER (CITY OR TOWN) LIVISTON
(STATE OR COUNTRY) ALABAMA
12. MAIDEN NAME OF MOTHER BESSIE HAMPTON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) MISSISSIPPI

14. INFORMANT A. L. FLOURNOY
(Address) _____

15. FILED 2/11, 1931 Lo L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/3/31, 1931, to 2/8/31, 1931, that I last saw him alive on 2/8/31, 1931, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

7
1931
(duration) yrs. mos. 10 ds.

CONTRIBUTED BY Malaria
(SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

1 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) James Marn M. D.
, 1931 (Address) 1307 1/2 Finney Blvd. Richmond Heights Mo.

*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 WASHINGTON PARK DATE OF BURIAL FEB-11, 1931

20. UNDERTAKER CHARLES J. GATES ADDRESS 4107 FINNEY

