

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

Do not use this space.

7489

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 53950) Maffett

File No. \_\_\_\_\_  
 Registered No. 1821  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 6 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illinois 2  
 (STATE OR COUNTRY)

10. NAME OF FATHER Perry Hughes

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

12. MAIDEN NAME OF MOTHER Maudelle Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown 21  
 (STATE OR COUNTRY)

14. INFORMANT C. W. Cleveland  
 (Address) 5350 Maffett St

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
 REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
2/10, 1931, to \_\_\_\_\_  
2/10, 1931  
 that I last saw him alive on \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_  
9:30 AM

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
109  
117

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

108  
 IF NOT A PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) C. W. Cleveland, M. D.

2/11 1931 (Address) 3108 Leff

\*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 \_\_\_\_\_

Carmie Lee Feb 11 1931

20. UNDERTAKER \_\_\_\_\_ ADDRESS 4600

Shook-Carroll Nath Bridge

WRITE PLAIN, 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.

