

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township Ray Primary Registration District No. 1003
 City St. Louis No. 1331 Ward

File No. 7960
 Registered No. 2321
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1331 Ray St., 25 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 colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (make the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 - 1981

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>0</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work
 (b) General nature of industry, business, or establishment in which employed (or employer) 2956
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Mr. Ray

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

12. MAIDEN NAME OF MOTHER Miss Mary Jay

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

14. INFORMANT Carlene Curry

(Address) 1331 Ray

15. FILED FFB 21 1981 REGISTRAR Miss Curry

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10-81

17. I HEREBY CERTIFY, That I attended deceased from July 8th, 1981, to July 15th, 1981, that I last saw him alive on July 15th, 1981, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown

IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) G. W. [unclear] M. D.

2-17-1981 (Address) 9324 N 14th St

*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

WASHINGTON Park Cemetery 2-22-81

20. UNDERTAKER [unclear] ADDRESS 4202 [unclear]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

