

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

Do not use this space.

7974

1. PLACE OF DEATH

County..... Registration District No. 791  
Towship..... Primary Registration District No. 1033  
City St Louis (No. 2677) Lucus

File No. ....  
Registered No. 2345  
St. .... Ward)

2. FULL NAME

Minnie Fuqua  
(a) Residence. No. 2677 Lucus St. 21 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colad 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 | 1 | 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) 244  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Albert Fuqua  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
12. MAIDEN NAME OF MOTHER Malinda Marshall  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Malinda Greer  
(Address) 2677 Lucus ca

15. FILED 21 1931 Myrtle C. Markley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB/19/ 1931

17. I HEREBY CERTIFY, That I attended deceased from December/15 1930 to FEB/19/ 1931 that I last saw h. or alive on FEB/18/ 1931, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Emboli 131  
Chronic Myocarditis Iyr. Parenchyma  
tous Nephritis 2 yrs. 1 1/2 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, DATE OF...  
DID AN OPERATION PRECIPITATE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DISEASE? Microscope  
(Signed) W. H. Moore M.D.  
(Address) 2/19/31 #1336 Franklin

\*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 Palmer Dickson DATE OF BURIAL Feb 22, 31

20. UNDERTAKER J. W. Hughes ADDRESS 2620 Lantier

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.

