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

Do not use this space.

8091

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1107 Rutger St. ..... Ward)

File No. ..... Registered No. 2463

2. FULL NAME Harriett Josephson

(a) Residence. No. 1107 Rutger St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15 - 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	91	1	5	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Robert McClure

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

12. MAIDEN NAME OF MOTHER Phoebe Jerald

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

14. INFORMANT Mr Vomund
(Address) Silex Mo

15. FILED 21 1931 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 20, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at 10 P.M. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis non Tubercular
106 A
99 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Arteriosclerosis
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Fl death. (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Bldg Pressure & Chest findings

(Signed) W Salisbury M. D.
Feb 20, 1931 (Address) 3258 Lafayette.

*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
Silex Mo	2/23 1931
20. UNDERTAKER	**ADDRESS**
Vomund Und.	Silex Mo

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.

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