

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City Hosp.)
 # 2095 (St. Ward)

File No. 11680
 Registered No. 2905

2. FULL NAME

(a) Residence, No. 7000 Cleather St. 4 Ward.
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

Troy Terry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1903

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	<u>4</u>	<u>7</u>	

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) 226
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wagon Co
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jacob Gray

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

12. MAIDEN NAME OF MOTHER Kattie Tillman

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

14. INFORMANT E. G. Cowan
 (Address) City Hospital

15. FILED Miss C. Stenberg
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 3rd 1931, to Mar 4th 1931, that I last saw him alive on Mar 4th 1931, and that death occurred, on the date stated above, at 1:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1078 Bronchopneumonia
job 9
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
non Tubercular
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF.....
1078 Mo
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Jerome J. Leonard, M. D.
3/4 1931 (Address) City Hosp

*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 Mt Vernon Ill
 DATE OF BURIAL March 6 1931

20. UNDERTAKER Meyers Funeral Home
 ADDRESS Mt Vernon Ill.

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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