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

Do not use this space.

12661

File No. 12661

Registered No. 3980

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. City Hosp #2 St. ..... Ward)

2. FULL NAME Lottie Gray

(a) Residence. No. 2115 Chestnut St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 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	Col	Married

5A. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ (OR) WIFE OF Thomas Gray

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	6	25	

8. OCCUPATION OF DECEASED Labor

(a) Trade, profession, or particular kind of work Nut Factory

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Isaac Blutt

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

12. MAIDEN NAME OF MOTHER Ella Griffin

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

14. INFORMANT A. Gertrude Creath (Address) City Hosp #2

15. FILED ....., 19.... Max C Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/20, 1931 to 3/28, 1931 that I last saw her alive on 3/28, 1931, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Sepsis 145A 143B

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Pregnancy, Delivery

Still born (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) H H Heathers, M. D.

3/28, 1931 (Address) City Hosp #2

*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
Brooksville Miss	Apr 3 1931
20. UNDERTAKER J. W. Hughes	ADDRESS 2620 Lawton

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.