

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

Do not use this space.

16293

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000
City St. Louis Mo. City, Deep #2

File No.....
Registered No. 4785
St..... Ward)

2. FULL NAME

Sophronia Douglas
(a) Residence. No. 2605 1/2 Wash 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 3 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 C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
abt. 39 - - -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work (none) House
(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) Ark

10. NAME OF FATHER Henry W. Clister

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

12. MAIDEN NAME OF MOTHER Mary Ellinger

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

14. INFORMANT A. Ettrude Creath
(Address) City Deep #2

15. FILED: 27 1931 REGISTRAR W. C. Parker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18 1931

17. I HEREBY CERTIFY, That I attended deceased from 4/12 1931 to 4/18 1931 that I last saw h. alive on 4/18 1931 and that death occurred, on the date stated above, at 3:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c
Chronic Myocarditis
(duration) yrs. 7 mos. ds.
CONTRIBUTORY (SECONDARY) 93c
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH None

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Almy E. Hampton M. D.
401 1931 (Address) City Deep #2

*State the DISEASE CAUSING DEATH, or is 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 Little Rock Ark DATE OF BURIAL 4/21 1931

20. UNDERTAKER A. Russell and Pine St ADDRESS 2732

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.

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