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.

JUN 29 193

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

Do not use this space.

19237

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 6248 E — Registered No. 199
City Lafayette (No. Mt. St. Rose St. Ward)

2. FULL NAME Alma Pressley
(a) Residence. No. St., Ward. Sparta Ills.
(Usual place of abode) (If nonresident, give city or town and State)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-3, 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(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) Illinois

PARENTS
10. NAME OF FATHER Samuel Pressley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Gertrude ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Mt. St. Rose Hosp. Mo (Address)

15. FILED 5-26, 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-25 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-30, 1931, to 5-25, 1931 that I last saw her alive on 5-25, 1931, and that death occurred, on the date stated above, at 5-25-31 11 55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tbc.
23A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? tb in sputum
(Signed) L. M. Garner, M. D.
5-26, 1931 (Address) 6420 Clayton Rd

*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: Sparta, Ills. — DATE OF BURIAL: May 29 1931

20. UNDERTAKER: Walker Und. Co — ADDRESS: Sparta, Ills.