

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

Do not use this space.

23485

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 2607 N. Taylor)

File No.
Registered No. 6996
St. Ward)

2. FULL NAME

(a) Residence. No. 2607 N Taylor St. 11 Ward.
(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 55

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Robert Wood

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

12. MAIDEN NAME OF MOTHER Ellen Brown

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

14. INFORMANT Alberta Wallace
(Address) 2327 Market

15. FILED 35 1931 W. S. Hadwund REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/21 1931

17. I HEREBY CERTIFY, That I attended deceased from June 6 1931, to June 21, 1931, that I last saw her alive on June 17, 1931, and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
132B Arteriosclerosis (duration) yrs. mos. ds. 5
CONTRIBUTORY Chronic Nephritis (SECONDARY) parenchymatous (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Efficient

(Signed) Wm. S. Hadwund M. D.
W. S. Hadwund (Address) 2327 Market

*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 Greenwood Cems. DATE OF BURIAL 6/25 1931

20. UNDERTAKER W. S. Hadwund Co. ADDRESS 4202 Finney

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.

