

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

Do not use this space.

30108

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No. 1003)

Registration District No. 791
Primary Registration District No. 1003
ISOLATION HOSPITAL

File No. 9179
Registered No.
St. Ward)

2. FULL NAME

Jessie Shoulvan
(a) Residence No. 4412 Callage St. 11 Ward.
(Usual place of abode)

Shoulvan
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 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) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Shoulvan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1903

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>9</u>	<u>11</u>	<u>11</u>	

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) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Huntington
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER Thomas Jefferson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Huntington
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Phoebe Dalton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Huntington
(STATE OR COUNTRY) Tennessee

14. INFORMANT Lena Burns
(Address) 1214 1/2 N. 11th St. St. Louis

15. FILED Aug 30 1931
REGISTRAR Ray C. Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26-1931
17.

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1930, to Aug 26, 1931, that I last saw h. alive on Aug 26, 1931, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
23A
25
(duration) 1 yrs. 2 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Tuberculosis of bones
(duration) 1 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH not known

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Baillie in Sputum
(Signed) Henry J. Ulrich M. D.
8/26 1931 (Address) **ISOLATION HOSPITAL**

*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 Washington Park DATE OF BURIAL Aug 30 1931
UNDERTAKER Charles J. Tate ADDRESS 4107
Sumner Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1909

1909