

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

Do not use this space.

33240

**1. PLACE OF DEATH**

County..... Registration District No. 131  
 Township..... Primary Registration District No. 131  
 City St. Louis mo. No. San Route City Hospital St. Ward

File No. 10154  
 Registered No. 10154

**2. FULL NAME**

Leona White

(a) Residence. No. 2327 a Wash St. 21 Ward. (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 Orall White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 - 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
28      8      8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) Livingston

PARENTS  
 10. NAME OF FATHER Lee Pipins  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Dora Dummings  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

14. INFORMANT Dora Moore  
 (Address) 2327 a Wash

15. FILED OCT - 2 1931 W. E. Starck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1931

17. No Physician in Attendance  
 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., and that that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at....., 22 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108  
Pneumonia  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 108  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS? 108  
 (Signed) John Hurdless M.D.

9/23. 1931, (Address) I. Deputy Poine  
 \*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 father Dickson Cemetery DATE OF BURIAL Oct. 9 1931  
 20. UNDERTAKER E. M. Tyler ADDRESS 3029 Paul

