

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

Do not use this space.

3234

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City No. 3219 Ka Sallee St. Ward
 Registered No. 1005 St. Ward

2. FULL NAME

(a) Residence, No. 3219 Ka Sallee St. 18 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lessa 2

13. NAME Gregory Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Louis Woods 3219 Ka Sallee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1/30 1932

19. UNDERTAKER (ADDRESS) A. Russell and G 2733 Pine Blvd.

20. FILED 1413 30 1932 Mar C J... Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-1932

22. I HEREBY CERTIFY That I attended deceased from July 10-1931 to June 26-1932
 I last saw her alive on 1/26-1932 Death is said to have occurred on the date stated above, at 5.5 P.m.

The principal cause of death and related causes of importance were as follows:

apoplectic Hemiplegia
87A
 Other contributory causes of importance: 87B
87C
unknown

Name of operation Date of
 What test confirmed diagnosis: clinical symptoms

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. H. Hilder M. D.
 (Address) 2601 1/2 Dickson

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.

