

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

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City St. Louis (No. 2)

Registration District No. 24  
Primary Registration District No. 2

File No. 5017  
Registered No. 909  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1012 2nd St. St. 2 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 1892</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>5</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager Apt.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>317</u>		
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) <u>Texas</u>		
13. NAME <u>Louis Gill</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
15. MAIDEN NAME <u>Margaret</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT (ADDRESS) <u>Ludie Huff</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Blue Ridge Home</u> DATE <u>3-5</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Patrick's Undertaking</u>		
20. FILED <u>3/4</u> 19 <u>32</u> <u>M. M. Croome</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-29-1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 2-29- 1932

I last saw her alive on 2-29, 1932 Death is said to have occurred on the date stated above, at 10:40 A.M.

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

Intestinal obstruction  
Dilatation of stomach  
347B  
122B  
118C

Date of onset (D)

Other contributory causes of importance: Operation for removal of intestinal tubercle non-malignant

Name of operation Tuberclectomy Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? (D) 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Bruce M. D.

(Address) 311 New Center St.

