

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

Do not use this space.

6946

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City..... (No. 1906 Goodans)

File No.
Registered No. 2040
St. Ward)

2. FULL NAME

ella Singleton
(a) Residence. No. 1906 Goodans 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-4 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 7 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Cook 231
(b) General nature of industry, business, or establishment in which employed (or employer) J. M. C. A. COFFEE-HA
(c) Name of employer NOT EMPLOYED AT TIME OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Miss. 2

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Milton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson 2
(STATE OR COUNTRY) Miss.

14. INFORMANT Nettie Jackson
(Address) 1906 Goodans

15. FILED 1932 2 19 Stark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1932
17. I HEREBY CERTIFY that I attended deceased from JAN/6 1932 to FEBRUARY 27 1932 that I last saw her alive on FEBRUARY 25 1932 and that death occurred, on the date stated above, at 4:30 P m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 72 CHRONIC CONTRIBUTORY PARENCHYMATOUS NEPHRITIS (duration) 8 yrs. 8 mos. 8 ds.
(SECONDARY)
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF (1)
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS Microscope
(Signed) W. Brown M. D.
3/1/32 (Address) 1336 FRANKLIN

*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 March 2 1932
20. UNDERTAKER W. Bruce ADDRESS 1003 N Harrison

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.

