

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

Do not use this space.

13776

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
 Township Patrolman Primary Registration District No. 603
 City St. Kirkwood (No. Electric)

File No.
 Registered No. 76
 St. Ward)

2. FULL NAME

Nancy Ming
 (a) Residence. No. Electric St., 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 Cauc 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) —

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
abt. 70 | — | —

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER

Jack Bradley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N.C.

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not Known

14.

INFORMANT Babe Ming
 (Address) meacham Park

15.

FILED 4/25 32 19... Electric REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25 19 32

17. I HEREBY CERTIFY That I attended deceased from 3/20 1932 to 4/20 1932
 that I last saw h. alive on 25 Apr 1932, and that death occurred, on the date stated above, at 9/2 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic myocarditis
93°C
57 B
 (duration) one year yrs. mos. ds.
 CONTRIBUTORY Chronic Rheumatism
 (SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, no 0

0 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) A. C. Reynolds, M. D.

, 19 (Address) White House no

*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

Fratcher Dickson

DATE OF BURIAL

Apr. 28 19 32

20. UNDERTAKER

J. H. Harrison

ADDRESS

2906 Lorton

WRITE PRINTED WITH OMPADING 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.

MAY 26 1932

