

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

Do not use this space.

17756

1. PLACE OF DEATH

County Registration District No. 701
 Township St. Louis Primary Registration District No. 1503
 City St. Louis (No. 4262 W Cook Ave)

File No. 4710
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. 4262 W Cook Ave, 11 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>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Hayes</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/7-1868</u> | | |
| 7. AGE | YEARS <u>63</u> | MONTHS <u>11</u> |
| | DAYS <u>3</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235 53rd</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>10/1</u> | 11. Total time (years) spent in this occupation <u>92</u> |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo</u> | |
| | 13. NAME <u>Nandy Livingston</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | |
| MOTHER | 15. MAIDEN NAME <u>Marcia White</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | |
| | 17. INFORMANT (ADDRESS) <u>Ethel Temple 4062 W Cook Ave</u> | |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>5/14</u> 19 <u>32</u> | |
| | 19. UNDERTAKER (ADDRESS) <u>A. Drossell and Co 2753 2nd St</u> | |
| | 20. FILED <u>May 14 1932</u> <u>Wm O. Starkey</u> Registrar | |

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24 1932, to May 10 1932. I first saw him May 8 1932 alive on May 8 1932. Death is said to have occurred on the date stated above, at 5:00 p. m.

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

Valvular Heart Disease ap 24
Primary seat of carcinoma
Other contributory causes of importance
Inguinal adenitis
Carcinomat

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1932
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Samuel Stafford, M. D.
 (Address) 925 N. Jefferson

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.

