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

Do not use this space.

21025

File No. 5527

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2218 Adams St. Ward)

Registration District No. 781

Primary Registration District No. 1013

2. FULL NAME Mary James

(a) Residence. No. 2218 Adams St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about 65	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 235

(b) General nature of industry, business, or establishment in which employed (or employer) (At Home)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Georgia 2

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Georgia Tyler
(Address) 2218 Adams St

15. FILED JUN 19 1932 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1932

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 8th, 1932, that I last saw her alive on June 8th, 1932, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myo-Carditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 930 ①

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Hamb, M. D.

June 10, 1932 (Address) 9202 Jefferson

*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 Greenwood Cem.

DATE OF BURIAL June 11 1932

20. UNDERTAKER Wm C. McDowell

ADDRESS 3571 Franklin

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.