

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
1003
Township..... Primary Registration District No.....
City **Saint Louis** (No. **2927**) **Laclede Avenue**

24795
File No.....
Registered No. **6942**
St. Ward)

2. FULL NAME

(a) Residence, No. **2927 Laclede Avenue** **11** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **4** yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sam. Gentry</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unt. 1881</i>		
7. AGE YEARS <i>ast 51</i>	MONTHS -	DAYS -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Self 235</i>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) *Little Rock*
(STATE OR COUNTRY) *Arkansas*

FATHER 13. NAME *Christopher Johnson*

14. BIRTHPLACE (CITY OR TOWN) *North Carolina*
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Rose Van Buren*

16. BIRTHPLACE (CITY OR TOWN) *North Carolina*
(STATE OR COUNTRY)

17. INFORMANT *Jamie Gentry*
(ADDRESS) *2927 Laclede Avenue*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Little Rock, Ark.* DATE *July 29th 1932*

19. UNDERTAKER *Charles J. Gales*
(ADDRESS) *417 Franklin Avenue*

20. FILED *JUL 27 1932*
Wm. E. Starkey
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUL 24 1932** . 19

22. I HEREBY CERTIFY That I attended deceased from *Jun 7* 19*31*, to *July 24* 19*32*.
I last saw her alive on *July 22* 19*32*. Death is said to have occurred on the date stated above, at *3:15 p.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82A
130
Other contributory causes of importance:
Nephritis Acute **D** *20g*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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) *Jamie Stafford* M. D.
(Address) *925 N. Jefferson*

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.

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a date or number, oriented vertically.

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