1136

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

Do not use this space.

27698

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. [illegible] Registered No. 7523

City ..... (No. 7, 3905 Enwright St. ..... Ward)

2. FULL NAME Ora Lee Swope (Tate) (Col.)

(a) Residence, No. 2623A Baldwin St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1919

7. AGE: YEARS 12 MONTHS 11 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morvell Ark 2

FATHER
13. NAME Elijah Tate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Mariah Swope
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morvell Ark

17. INFORMANT (ADDRESS) Elijah Tate 1318 R. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Aug 17 1932

19. UNDERTAKER (ADDRESS) A D Richardson 2600 N Leffingwell

20. FILED AUG 17 1932 19 Max C Starker Registrar 8/17/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th 32

22. HEREBY CERTIFY That I attended deceased from ..... 19..., to All sudden

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:40 P.

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

Gunshot Wound of Head, caused by bullet fired from rifle in the hands of one Robt. John Williams (Col), in front of Cole School Playgrounds, 3933 Enright, 8/10/32 about 3:40 P. M.

Date of onset

Other contributory causes of importance:

173 173 HOMICIDE.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

~~Accident, suicide~~, or homicide? ..... Date of injury 8/10, 1932

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Homicide

Nature of injury Gunshot wound of head

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M.D.

(Address) [signature]

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.