

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

Do not use this space.

30533

1. PLACE OF DEATH

County.....
 Township.....
 City.....
 Registration District No.....
 Primary Registration District No.....
 File No.....
 Registered No. 8194
 St..... Ward.....

2. FULL NAME

(a) Residence. No. 3005 1/2 Sheridan St., 21 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOB OR RACE Col
 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) July 5 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 21 | 1 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ark.
 (STATE OR COUNTRY)

10. NAME OF FATHER Da. Allen

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

12. MAIDEN NAME OF MOTHER Emma Adams.

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

14. INFORMANT Emma Adams.
 (Address) 3005 1/2 Sheridan St.

ISSUED SEP 11 1932 FILED Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to Sept 8, 1932, and that I last saw him alive on Sept 8, 1932, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
 23A (duration) Indef. ds.

CONTRIBUTORY (SECONDARY) J.P. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. (1)

8 DID AN OPERATION PRECEDE DEATH? DATE OF no.

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) J. W. Gray, M. D.
 19 (Address) 4340 Easton

*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 DATE OF BURIAL
 Missouri Ark. Sept 11 1932

20. UNDERTAKER F. A. Green
 ADDRESS 2915 Franklin Ave.

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.

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Dr. King