

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.

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

Do not use this space.

31038

1. PLACE OF DEATH

County _____ Registration District No. 7191
Township _____ Primary Registration District No. 100:3
City St. Louis (No. 908 Morgan St)

File No. _____
Registered No. 8764
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 908 Morgan St., 25 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt -1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 50 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:47

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) Ala

13. NAME Cuba Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

15. MAIDEN NAME Cherrie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Lucille Lewis

(ADDRESS) 908 Morgan St

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Wood DATE Oct. 1 1932

19. UNDERTAKER M. S. Wade and Co.

(ADDRESS) 4202 Finney Ave

20. FILED OCT - 1 1932 Ray Estabrook Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1932, to 9-29, 1932.

I last saw him alive on 9-28, 1932. Death is said to have occurred on the date stated above, at 7:20 A.m.

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

Mitral Insufficiency Date of onset 9:14 9:20
1:30

Other contributory causes of importance: Acute Nephritis

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? _____ Date of injury _____, 1932

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) J. S. Moore, M. D.

(Address) 1816 Franklin Ave

