

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

Do not use this space.

Case 32314

1. PLACE OF DEATH

County St. Louis Registration District No. 393
 Township St. Louis Primary Registration District No. 1313
 City St. Louis (N. E. or S. E. of City) St. 1 Ward

File No. 1313
 Registered No. 1313
 St. 1 Ward

2. FULL NAME

(a) Residence. No. 2107 Campbell St. 3 Ward
 (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 negr 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 - 30

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>Female</u>			<u>14</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Robert Hardin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Golden Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Cozetta Clemons</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Golden Mo</u>

14. INFORMANT (Address) Cozetta Hardin 2107 Campbell

15. FILED 10/13/32 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-12-32

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10/12/32 Pneumo-pneumonia
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 10/10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Smear

(Signed) W. M. Crowe M. D.

. 19 (Address) Reprint

*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

Golden Mo 10-19-32

20. UNDERTAKER ADDRESS

W. M. Crowe 1719

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

