

**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. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 121076.1524)

File No. 41836  
Registered No. 10924  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 121076.1524 St. 25 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1890</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>11</u>	DAYS <u>0</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bank</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. - 3rd - 1932, to Dec. - 4th - 1932  
I last saw her alive on Dec. - 4th - 1932 Death is said to have occurred on the date stated above, at T. P. m.  
The principal cause of death and related causes of importance were as follows:  
Double Sobar  
Dementia  
108 108  
190 108  
Other contributory causes of importance:  
Exposure to cold

Name of operation none Date of .....  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... 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. (1)

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) Oscar William Johnson M. D.  
(Address) 4039a. Hixson Ave.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER FATHER

13. NAME Richard Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Leanna Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Orinil Mitchell  
(ADDRESS) 1318 N. 4th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Plana Miss 12/9 1932

19. UNDERTAKER (ADDRESS) H. M. C. Green, 3517 S. Grand Ave.  
DEC 5 1932

20. FILED 19 W. C. Starnes Registrar.

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.

