

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

Do not use this space.

3468

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township Claras Primary Registration District No. 42294
 City St. Louis (No. 42294 W. Finney Ave. SE. Ward) Registered No. 386

2. FULL NAME

(a) Residence, No. 42294 W. Finney Ave. St. 11 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Cobond 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1877
 7. AGE YEARS 55 MONTHS 5 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
 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) Marianna Florida

FATHER 13. NAME Wack Mc Kay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marianna Florida

MOTHER 15. MAIDEN NAME Rosa Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marianna Florida

17. INFORMANT W. H. F. Kupper
 (ADDRESS) 42294 W. Finney Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 12, 1933

19. UNDERTAKER W. H. F. Kupper
 (ADDRESS) 42294 W. Finney Ave.

20. FILED JAN 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Jan 9, 1933
 I last saw her alive on Jan 8, 1933 Death is said to have occurred on the date stated above, at 1:35 p. m.
 The principal cause of death and related causes of importance were as follows:

Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Chronic Bronchitis
 Other contributory causes of importance: 131

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 _____, 19____
 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) W. H. F. Kupper, M. D.
 (Address) 42294 W. Finney 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.

