

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.

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1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St. Louis (No. HH.37 Aldine)

File No.....
Registered No. 1666
St. Ward

2. FULL NAME

(a) Residence, No. HH.37 Aldine St., 6 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-30-1868</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>15</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>House Work,</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roachport Mo.</u>			
	13. NAME <u>Nick Pipes</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Bettie Lawson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	17. INFORMANT <u>Bettie Coleman</u> (ADDRESS) <u>HH.37 Carthage</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Feb. 21, 1933</u>				
19. UNDERTAKER <u>Manuel Undertaking Co</u> (ADDRESS) <u>4058 Finney</u>				
20. FILED <u>Feb 17 1933</u> 19. <u>Max C. Dancy</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1933, to 2-15, 1933
I last saw h. alive on 2-15, 1933 Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:
Acute myocarditis
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Phys. Exam 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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Max C. Dancy M. D.
(Address) 200 Middle St.

Mr. Stathfield
2000 Biddell St.
C. 17-161