

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

Do not use this space.

11860

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 7971  
Township \_\_\_\_\_ Primary Registration District No. 5072  
City St. Louis Mo (No. City Hospital 2)

File No. \_\_\_\_\_  
Registered No. 2975  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1311 Dickson St. 21 Ward. (If nonresident, give city or town and State)  
(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 <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>5-6-1879</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.	
	<u>53</u>	<u>10</u>	<u>20</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Worsh</u>				
	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) <u>Ky</u>					
MOTHER	13. NAME <u>Maie Moore</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>				
	15. MAIDEN NAME <u>Adeline Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>					
17. INFORMANT <u>A Gertrude Creath</u> (ADDRESS) <u>City Hospital 2</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>3-31</u> 19 <u>23</u>					
19. UNDERTAKER <u>Benjie Joney</u> (ADDRESS) <u>3129 Lycoe Ave</u>					
20. FILED <u>APR 29 1923</u> <u>Mar E Stanley</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-21-33, 1933, to 3-26-33, 1933  
I last saw him alive on 3-26-33, 1933 Death is said to have occurred on the date stated above, at 10 am.  
The principal cause of death and related causes of importance were as follows:  
82A  
Cerebral hemorrhage  
Other contributory causes of importance:  
82A  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Ch. Lab. 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?  
If so, specify Cerebral  
(Signed) City Hospital, M. D.  
(Address) City Hospital

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.

