

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

Do not use this space.

14599

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1033
 City Saint Louis (No. 1726 North Pendleton, Rear) St. Ward

File No.
 Registered No. 4047

2. FULL NAME Charlcey McGifford

(a) Residence, No. 1726 N. Pendleton, Rear St. 11 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred Unknown 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 Colored 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) Dec 12th, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Unknown 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Greene County
 (STATE OR COUNTRY) Alabama

13. NAME Richard McGifford

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Lehie Holley

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Georgia

17. INFORMANT Richard McGifford
 (ADDRESS) 1726 North Pendleton, Rear

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE May 6th, 1933

19. UNDERTAKER Charles J. Gates
 (ADDRESS) 4107 Finney Avenue

20. FILED MAY - 5 1933 P. Predeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933

22. HEREBY CERTIFY, That I attended deceased from Mar 29th, 1933, to April 30, 1933
 I last saw her alive on April 30, 1933 Death is said to have occurred on the date stated above, at 11:45 A. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 4-1-32
Chronic Myocarditis
131
430
131
 Other contributory causes of importance: Chronic nephritis Indefinite

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) Thos. A. Lewis, M. D.
 (Address) 2900 Market

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.

