

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

Do not use this space.

17928

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1434** St. **14th St**)

File No.....
Registered No. **4123**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **1434 St. 14th St** St., **25** Ward.....
(Usual place of abode) (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Gray		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1889		
7. AGE YEARS 43	MONTHS 80	DAYS 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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) **Kentucky**

13. NAME **B. Chasom**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

15. MAIDEN NAME **Emma Lishbrook**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT (ADDRESS) **John Gray 1434 St. 14th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Duaneboro Ky** DATE **May 1910**

19. UNDERTAKER (ADDRESS) **Peck Tarr 301 1/2 Lafayette Ave St. Louis**

20. FILED **MAY - 9 1923** Registrar. **5/9/33**

No proper certificate of attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7 1910**

22. I HEREBY CERTIFY, That I attended deceased from **2**....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Chronic Cholecystitis Date of onset

Other contributory causes of importance:
Diabetes Mellitus

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) **Carroll P. Gandy**
(Address) **Deputy Registrar**

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.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

2235

For the
Em. 11/10/10