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.

21813

1. PLACE OF DEATH

County ..... Registration District No. 201 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5621

City St Louis (No. 4171, W. Belle St. ..... Ward)

2. FULL NAME Cora Tribbett

(a) Residence, No. 4171 W. Belle 11 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: 7

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27 1870

7. AGE: YEARS 62 | MONTHS 6 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilmington Delaware

FATHER

13. NAME: Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER

15. MAIDEN NAME: Mary Ann Redout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT (ADDRESS): Olivia Thompson 4171 W. Belle

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 6/28 1933

19. UNDERTAKER (ADDRESS): A. RUSSELL UND. Co 2732 PINE St

20. FILED JUN 28 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1933, to 6/26, 1933

I last saw her alive on 6/26, 1933 Death is said to have occurred on the date stated above, at 12:10 noon

The principal cause of death and related causes of importance were as follows:

59
131 Diabetes Mellitus

Date of onset

Other contributory causes of importance:

59
Chronic Nephritis

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) Leo Comissiong, M. D.

(Address) 1701 Whittier