

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

Do not use this space.

24960

1. PLACE OF DEATH

County Registration District No. 791
 Townshp. St. Louis Primary Registration District No. 003 File No.
 City St. Louis No. 28107 Franklin Registered No. 6377 St. Ward)

2. FULL NAME

(a) Residence, No. 2810 Franklem St., 21 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 Female 4. COLOR OR RACE Negro 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) April 23-1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>11</u>	<u>2</u>	<u>27</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
 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) St. Louis (STATE OR COUNTRY) Mo

FATHER
 13. NAME Henry Drew

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Anna Cosby

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Anna Cosby Drew

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 7/24/33

19. UNDERTAKER (ADDRESS) A. Russell

20. FILED J. F. Bradley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21 1933

22. I HEREBY CERTIFY That I attended deceased from 6-21 1933 to July 20 1933

I last saw h. alive on July 20 1933 Death is said to have occurred on the date stated above, at 2:25 a.m.

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

23A
92A
Pul Tuberculosis +
Mitral regurgitation
 Other contributory causes of importance:
unknown

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) J. L. Fielder M. D.
 (Address) #601 - Dickson

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.

AUG 20 1933

WRITE PLAINLY, WITH OBTAINING INFORMATION IS A FAVORABLE RECORD

