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

Do not use this space.

27952

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7007

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs. Tinnie Millard

(a) Residence. No. 4472 - Fairfax St., 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.

SEP 26 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	colored	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4th 30th 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	1874	3	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Little Rock, Ark. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Flemons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do Not Know (STATE OR COUNTRY) " " "

12. MAIDEN NAME OF MOTHER Francis Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Richard C. Bradford (Address) Apt 10-30 E. Eureka place

15. FILED AUG 14, 1933 J F Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10th 1933

17. I HEREBY CERTIFY, That I attended deceased from June - 12th - 1933 to Aug - 10 - 1933 that I last saw her alive on Aug - 10 - 1933 and that death occurred, on the date stated above, at 3.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the Liver

4 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Primary Carcinoma of the Liver. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH her home

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Oscar William Johnson M.D.

8-13-1933 (Address) 4039a Hinney

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Father Dickson	8/14th 1933
20. UNDERTAKER	ADDRESS 2812
Smead & Randle	Thomas St