

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

Do not use this space.

28174

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **10113**

City.....

St. Louis Mo. 815 2^d N. Jefferson

File No.

7285

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Amanda Logan
815 2^d N. Jefferson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt. 59

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Domestic

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fulton Mo

FATHER

13. NAME

unknown

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

Mo

MOTHER

15. MAIDEN NAME

unknown

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

Mo

17. INFORMANT (ADDRESS)

Roscoe Logan
815 2^d N. Jefferson

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Park** DATE **9-24** 19**33**

19. UNDERTAKER (ADDRESS)

L. O. Atkins
3717 Morgan St

20. FILED

206724 19**33**
J. A. Bredeck

Registrar.

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

Aug 19 19**33**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **7:30 A.M.**

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

Ch. Myocarditis
93

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed)

(Address)

Harold J. DeWitt
8/21/33
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.

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