

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

Do not use this space.

35048

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1203
City St. Louis (No. 4307 Kennedy Ave.) St. _____ Ward _____

File No. _____
Registered No. 9261
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4307 Kennedy St. 11 Ward. St. Louis, Mo.
(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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>alt.</u>	<u>23</u>	<u>-</u>	<u>-</u>	<u>-</u>

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Co.

13. NAME Bird

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

15. MAIDEN NAME Angelina Pershey

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

17. INFORMANT (ADDRESS) Sceta Robinson
4307 Kennedy

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 10/29 1933

19. UNDERTAKER (ADDRESS) W. S. Barlow Co
4202 Jimmy Ave.

20. FILED 79 70 22 22 70 70 27 1933
J. H. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1933

22. I HEREBY CERTIFY, that I attended deceased from Oct 17 1933 to Oct 23 1933

I last saw him alive on Oct 23 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Cirrhosis of the Liver Date of onset Unknown

Other contributory causes of importance: Biliary Cirrhosis (Obstructive) 10/17/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Chumel 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? no

If so, specify _____ (Signed) J. H. Bredeek M. D.
(Address) 809 a n. Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 10 1933

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