

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.

MAY 25 1934

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

Do not use this space.

15562

1. PLACE OF DEATH

County North  
Township Smith  
City St. Louis (No. 6211)

Registration District No. 6211  
Primary Registration District No. 6211

File No. 15562  
Registered No. 15562  
St. St. Louis Ward 1

2. FULL NAME

Alice McLeod

(a) Residence, No. St. Louis Ward 1

(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<br><u>Female</u>                                                          | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. F. McLeod</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-12-1872</u>                         |                                  |                                                                             |
| 7. AGE YEARS<br><u>61</u>                                                        | MONTHS<br><u>10</u>              | DAYS<br><u>9</u>                                                            |
| If LESS than 1 day, hrs. or min.                                                 |                                  |                                                                             |

|                                                 |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| OCCUPATION                                      | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Gr. house</u> |
|                                                 | 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) Century County, Mo.  
(STATE OR COUNTRY)

13. NAME Andrew Barber

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

15. MAIDEN NAME Mahala Brumfield

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

17. INFORMANT J. P. Brown  
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Prosser DATE 4-23-34

19. UNDERTAKER Brown Bros  
(ADDRESS) St. Louis, Mo.

20. FILED May 9, 1934 W. F. McLeod  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934 to 4-21-34  
I last saw her alive on 4-22-34 Death is said to have occurred on the date stated above, at 3-10 m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction  
72 Hrs  
Incompliance  
Date of onset 24rs

Other contributory causes of importance None

Name of operation Physical Exams Date of 10  
What test confirmed diagnosis? Physical Exams Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury 19  
Where did injury occur? St. Louis  
(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) S. J. Hall M. D.  
(Address) St. Louis, Mo.

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