

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

Do not use this space.

27066
7300

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis mo.** (No. **Barnes**) Hospital

File No.
Registered No.
St. Ward)

2. FULL NAME

Mamie Gilmore
(a) Residence, No. **4472 N. Bell** St. **11** 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 **colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 17, 1890**
7. AGE YEARS **43** MONTHS **8** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housework**
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) **July 18, 1934** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

13. NAME **Joe Foster**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

17. INFORMANT **Wiley Gilmore**
(ADDRESS) **4472 N. Bell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **July 21, 1934**

19. UNDERTAKER (ADDRESS) **A. J. Reed and Co**
2726 Lucas

20. FILED **LL 21 1934** **Joe. B. Bredack**
Registrar.

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 18, 1934**
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **11:00 a.m.**

The principal cause of death and related causes of importance were as follows:
Fracture of skull, laceration of brain, received when a barrel on a Ford gun was causing him to fall 15 ft. to a concrete sidewalk.
Other contributory causes of importance: **accident**
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accid.** Date of injury **7/18, 1934**
Where did injury occur? **St. Louis mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In home**
Manner of injury **Fall from porch**
Nature of injury **Fracture of skull**

24. Was disease or injury in any way related to occupation of deceased? **yes**
If so, specify
(Signed) **J. P. Sealey**
(Address) **770/34 Deputy Coroner**

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

AUG 16 1934

27066

