

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

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.

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

Do not use this space.

JUL 27 1935

21750

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township Cannonsville Primary Registration District No. 6248E Registered No. 225
 City St. Louis County (No. Mr. St. Rose Hospital) St. _____ Ward _____

2. FULL NAME

Effie Marie Ravenport
 (a) Residence, No. 2339^{1/2} N Market St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1911</u>		
7. AGE	YEARS	MONTHS
<u>24</u>	<u>11</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>
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) <u>Arkansas</u>		
13. NAME <u>Bedford Louings</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>		
17. INFORMANT (ADDRESS) <u>O. P. Miller 4910 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>June 27, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin 1631 Missouri Ave</u>		
20. FILED <u>June 25, 1935</u> <u>G. Mowry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

22. I HEREBY CERTIFY, that I attended deceased from Nov. 6, 1934, to June 27, 1935, 1935
 I last saw her alive on June 27, 1935 Death is said to have occurred on the date stated above, at 12:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1934
(bacterial)
 Other contributory causes of importance:
Tuberculosis enteritis 1934
Tuberculosis laryngitis 1934
 Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) R. P. Moore, M. D.
 (Address) 9101 So. Pryor

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