

SEP 12 1938

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

26824
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. St. Marys Inf. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1008

Registered No. 6838

2. PRINT FULL NAME Mallissa Barber

(a) Residence, No. 3431 1/2 Clark Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 2 13 20

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

9. Industry or business in which work was done, as 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) Kentucky

13. NAME Peter D. Gordon

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

15. MAIDEN NAME Mamie Whitlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Will Barber
3431 1/2 Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indianapolis, Ind. DATE 8-21 1938

19. FUNERAL DIRECTOR (ADDRESS) R. M. C. Green
3517 Laclade Ave.

20. FILED AUG 1 1938 J. D. Predest Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to July 31, 1938
last saw h. July 26 alive on July 26, 1938. Death is said to have occurred on the date stated above, at 430 1/2

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

Hypertension
MI
interocleves mass
Date of onset unknown
6 net

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy?

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) W. J. Green M. D.
(Address) 2316

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.

