Dr. Tyler 1106 N. Sarah

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

Do not use this space.

17036

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4999

City St Louis (No. 3119 Marnice Pl St. ..... Ward)

2. FULL NAME Carrie Booker

(a) Residence. No. 3119 Marnice St., Pl. 7 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Randolph Booker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 15, 1875

7. AGE: 51 YEARS, 5 MONTHS, 11 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Tenn.

PARENTS

10. NAME OF FATHER: Willie Person
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): — Tenn
12. MAIDEN NAME OF MOTHER: Emma Turner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): — Tenn

14. INFORMANT (Address): Randolph Booker 3119 Marnice Pl

15. FILED MAY 28 1927 Mary C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1927

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1927, to May, 1927, that I last saw her alive on May - 25, 1927, and that death occurred, on the date stated above, at 8:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T.B.C.
23A Tuberculosis
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. J. Holmes Tyler, M. D

5/27, 1927 (Address) 919 911 Sarah St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jackson Tenn.

DATE OF BURIAL: 5/29 1927

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan St

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.