OCT 2 1927

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

Do not use this space.

25396

1. PLACE OF DEATH
County St Louis
Registration District No. 790
Primary Registration District No. 6033
File No.
Registered No. 225
City ~~St Louis Co Mo~~ (No. St. Marys Hospital St. Ward)

2. FULL NAME Julia White
(a) Residence. No. 2914 Eads 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25th 1865
7. AGE: YEARS 62 MONTHS DAYS 29 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: T. E. Guibor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Elizabeth Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs Laura Tomkins
(Address) 2914 Eads Ave
15. FILED 8/26 1927 J. B. Fudduth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 - 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1927, to Aug 24th, 1927, that I last saw ~~her~~ alive on Aug 24th, 1927, and that death occurred, on the date stated above, at 10.25 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of Parotid Gland
115 B
36
(duration) yrs. mos. 24 ds.
CONTRIBUTORY (SECONDARY) Septicaemia
(duration) yrs. mos. 20 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 10th
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination & Laboratory tests
(Signed) P. D. Blackburn, M. D
Aug 25, 1927 (Address) 2253 Nebraska ave. St Louis Mo.

*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: Calvary Cemetery
DATE OF BURIAL: 8-27 1927
20. UNDERTAKER: Peetz Bros 3029
ADDRESS: Lafayette

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.

WHITE, LEAVE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Register of Clayton

Aurus

P.S. Was not traumatic
Culture showed staphylococcus
Aurus.

Dr P. D. Blackburn

Was the abscess tuberculous or due to other infection or traumatic? If traumatic please state kind of accident. Please sign and return.

96252-S

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. .....

Township Central — Primary Registration District No. 6033 — Registered No. 2225

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Julia White

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 10/12, 1927 J. B. Sudduth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of parotid gland (due to Staphylococcus aureus)
..... (duration) ..... yrs. ..... mos. ..... ds.

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

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) B. D. Blackburn, M. D
Oct 11th, 1927 (Address) 2253 Nebraska Ave

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

108B

WRITE PLAINLY, WI...
N. B.—Every item of information should be ... sup...
CAUSE OF DEATH in plain terms, so ... may ...
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES ... EY ... AF ... A ... RESCF ... LAW

S-25396