

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

Do not use this space.

34923

1. PLACE OF DEATH

County..... Registration District No. 791
 Township, St. Louis Primary Registration District No. 1003 File No. 10068
 City, St. Louis (No. 3326) Lawton Ave. St. _____ Ward _____
 Registered No. 10068

2. FULL NAME

Myrtle McHenry
 (a) Residence, No. 3326 Lawton St., 21 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, -1910
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
17 11 6 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (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) Ark.

10. NAME OF FATHER William Carraighhead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

14.

INFORMANT Mollie Stephens
 (Address) 3326 Lawton Ave.

15.

FILED 10 10 1927 Mar 6 Starkeoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1927

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1927, to Nov 9, 1927, that I last saw h. alive on Nov 8, 1927, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Act. Tuberculosis
 (duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Vincent J. Mullen, M. D.

X-10, 1927 (Address) 2335 Franklin

*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 Washington Park DATE OF BURIAL 11/13 1927

20. UNDERTAKER A. Russell and Co. Pine Bluff ADDRESS 2734

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.

RECORD

INVESTIGATING PHYSICIAN IS A

PARENTS

REGISTER

