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

Do not use this space.
38371

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 11036

City St. Louis Mo. (No. 1313 Gay St. ..... Ward)

2. FULL NAME Jossie Ricks

(a) Residence. No. 1333 Gay St., 25 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 4th 1891

7. AGE: Years 36 | Months 0 | Days 3 | 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): —
(c) Name of employer: Not Known

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

PARENTS
10. NAME OF FATHER: Joe Mathews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama
12. MAIDEN NAME OF MOTHER: Rosie Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama

14. INFORMANT: Mary Wright
(Address) 1333 Gay St

15. FILED DEC 10 1927 19 May 6 Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Dec 7, 1927, that I last saw her alive on Dec 7, 1927, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis non Tubercular
92A
101A (duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (SECONDARY): Mitral Incompetency
Chronic (duration) 3 yrs. — mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) J Jaynes, M.D.
Dec 9, 1927 (Address) 2131 Market

*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: Greenwood Cemetery
DATE OF BURIAL: Dec 11th 1927

20. UNDERTAKER: A. L. Beal
ADDRESS: 2726 Lucas Ave

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.