

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

Do not use this space. **2451**

**1. PLACE OF DEATH**

County.....St. Louis  
 Township.....Carondelet  
 City.....Koch, Mo. (No. ...., Ward .....

Registration District No. **1123**  
 Primary Registration District No. 6248 B.

File No. ....  
 Registered No. 36

**2. FULL NAME** Singleton, Olivia

(a) Residence. No. 4149 a Cook Ave. St. 3 Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred X yrs. 1 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**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 OR (or) WIFE OF

Ruben Singleton,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 2 12

**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) Alabama  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Louis Henderson

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

12. MAIDEN NAME OF MOTHER Charlotte Taylor

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

14. INFORMANT Robert Koch Hospital  
 (Address) Koch, Missouri.

15. FILED Feb 1, 1928 L. C. Obrock  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec. 27 7th 19 27 to Jan. 30 19 28 that I last saw her alive on Jan. 30 19 28, and that death occurred, on the date stated above, at 10:35 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

31  
About 6 Mo (duration) yrs. mos. ds.  
 CONTRIBUTORY Gastro Intestinal T, B,  
 (SECONDARY) Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) B. E. Keen M. D.

1/30/28 (Address) Koch Hosp.

\*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

Mobile, Alabama Feb. 5, 1928

20. UNDERTAKER Peoples Undertaker ADDRESS Franklin

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.

