

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

Do not use this space.

2520

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township _____ Primary Registration District No. 4471
 City Webster Groves (No. II7 --- Euclid Ave.) St. _____ Ward _____

File No. _____
 Registered No. 10

2. FULL NAME Laura V. Crockett

(a) Residence. No. II7 - Euclid Ave. 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. 8 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 _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9/1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 II 7

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

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Susie Lewis
 (Address) II7 - Euclid Ave.

15. FILED 1-18-1930 Arthur W. Westrup REGISTRAR
per Elsie Nelson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19th 29 to Jan 17th 1930
 that I last saw her alive on Jan 17th 1930, and that death occurred, on the date stated above at 7:45 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
92A
107A (duration) yrs. mos. ds. 10
 CONTRIBUTORY (SECONDARY) Stood after heart

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Webster grove

IS NOT AT PLACE OF DEATH? 17 Euclid Ave

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture pate cuts

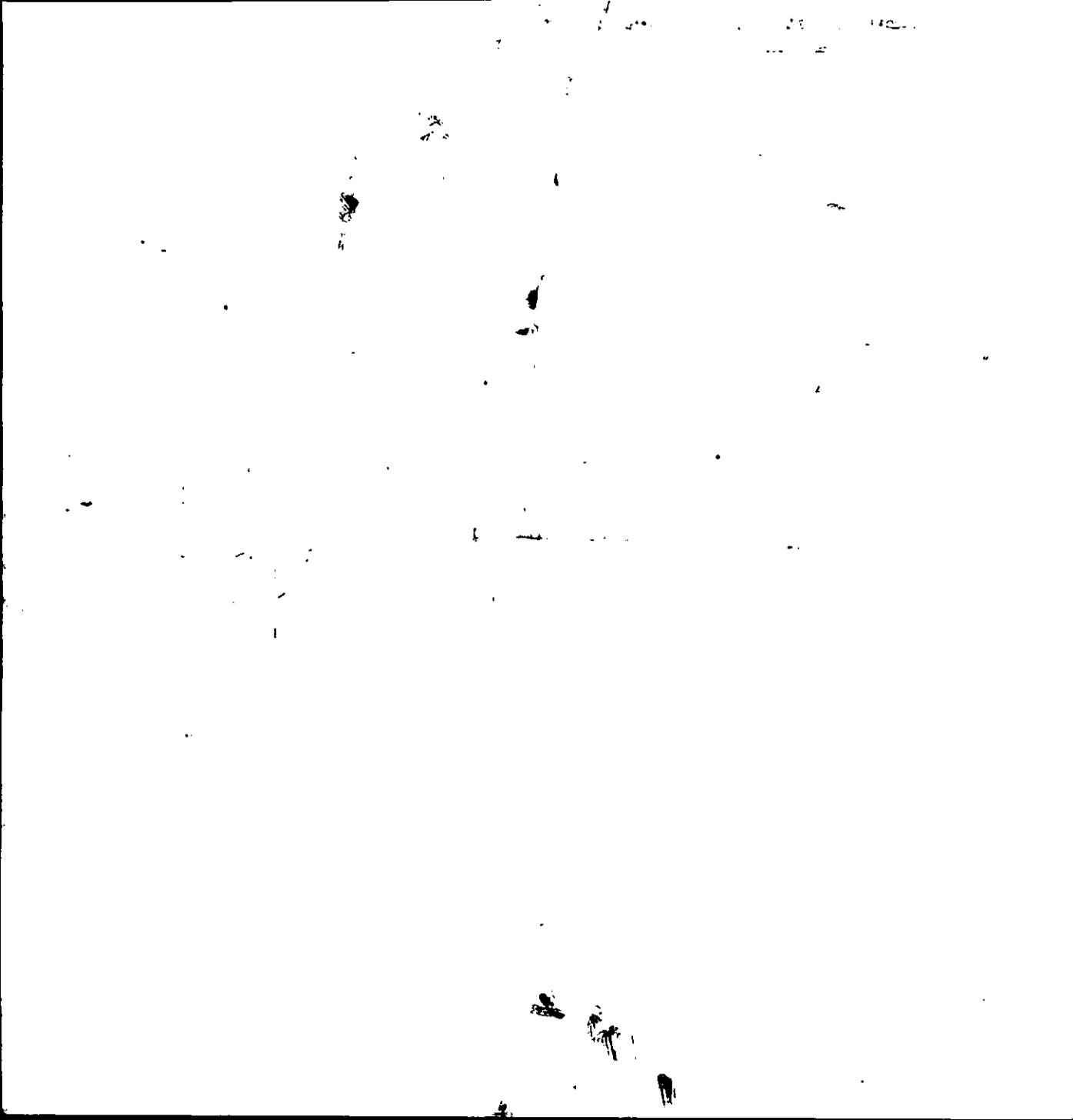
(Signed) J. C. Lewis, M. D.

117 (Address) 104 1/2 Euclid 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 Litchfield Ill. **DATE OF BURIAL** Jan. 19 1930

20. UNDERTAKER J. C. Lewis Webster Groves Mo



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ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 988 File No.
 Township Primary Registration District No. 4471 Registered No. 10
 City Webster Groves St. Ward

2. FULL NAME Laura J. Crockett

(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 F. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 - 1853

7. AGE^b YEARS 74 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (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)

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 3-13-30 Arthur J. Dietrich
 REGISTERAR
per Elsie Newson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from 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:

CONTRIBUTORY (SECONDARY) (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)....., M. D.
 , 19 (Address)

*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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-2520