

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

Do not use this space.

17515

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo** (No. **City, Deep. #1**)

File No. ....

Registered No. **4591**

St. .... Ward

**2. FULL NAME**

(a) Residence. No. **1826 Hickory St.** **22** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **0** mos. **0** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX

**Female**

4. COLOR OR RACE

**White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Married**

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

**John Day**

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

**Sept 2nd 1900**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**abt 29**

**Unknown**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

**Home**

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Tennessee**  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Tom Hughes**

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

12. MAIDEN NAME OF MOTHER **Mattie Frazier**

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

14. INFORMANT **John Day**  
(Address) **1826 Hickory St.**

15. FILED **1915** **May 2** **Barber**  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 7 1930**

17. **No Physician in attendance**  
I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to....., 19....., and that death occurred, on the date stated above, at **7 30 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**General Peritonitis following self-induced abortion**  
**140**  
**129** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

**None** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. H. Hurley, M.D.**

**518**, 19**30** (Address) **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

**Jackson, Tenn.** DATE OF BURIAL **519 1930**

20. UNDERTAKER

**d. m. Laughlin.** ADDRESS **1631 Missouri**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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