

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

Do not use this space.

**1. PLACE OF DEATH**

County Peru  
Towship Hayti  
City Hayti (No. ....)

Registration District No. 653  
Primary Registration District No. 5864

**15167**  
File No. ....  
Registered No. 32  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. Cambridge R # 1 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
approximately 35

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work domestic servant  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Geo. Merrill or

9. BIRTHPLACE (CITY OR TOWN) not known  
(STATE OR COUNTRY) not known

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) not known

14. INFORMANT Frank Smith  
(Address) Cambridgeville R # 1

15. FILED 4-8-1931 J. G. ...  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1931, to only, 1931, and that I last saw h. a. c. alive on Apr 6, 1931, and that death occurred, on the date stated above, at 6:40 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sepsis  
Probably Streptococcus  
740  
26 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) no carriage  
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 145 A D

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam, Syphilis  
(Signed) William F. Pitt, M. D.

4/8, 1931 (Address) Hayti

\*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 Russell Farm DATE OF BURIAL 4/8/1931

20. UNDERTAKER August H. Davis ADDRESS Hayti, Mo.

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.

APR 27 1931

Do not use (R) cases

HEALTH

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