

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

Do not use this space.

42814

**1. PLACE OF DEATH**

County..... Registration District No. *430*  
Township *H. Louis*..... Primary Registration District No. *912-3*  
City *H. Louis* (No. *4214 a, W. Finney*).....

File No. ....  
Registered No. **12738**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4214 a, W. Finney*, *11* 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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George Payne</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 4 1880</i>				
7. AGE	YEARS <i>51</i>	MONTHS <i>10</i>	DAYS <i>20</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nashville Tenn</i>				
FATHER	13. NAME <i>Huston Miles</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>			
	15. MAIDEN NAME <i>Lula Price</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>			
	17. INFORMANT <i>George Payne</i> (ADDRESS) <i>4214 a, W. Finney</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Barnwood Cem</i> DATE <i>Dec 28th 1931</i>				
19. UNDERTAKER <i>Manuel Undertaking Co</i> (ADDRESS) <i>120 S. 2nd St</i>				
20. FILED <i>DEC 26 1931</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 24, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 23*, 19*31*, to *Dec 24*, 19*31*  
I last saw h. or alive on *Dec 23*, 19*31*. Death is said to have occurred on the date stated above, at *5:35 am*.  
The principal cause of death and related causes of importance were as follows:  
*Cerebral hemorrhage (Hypertension)*  
*8278*  
Date of onset

Other contributory causes of importance: *J.P.A.*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *—*  
If so, specify *Cholera*  
(Signed) *Chas A. Phillips*, M. D.  
(Address) *320 A So. 1st*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

