

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

Do not use this space.

12632

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis No. 1825 So. 14th St. (Ward)

File No.
 Registered No. 3950

2. FULL NAME Lutishey Tompaw

(a) Residence. No. 1825 So. 14th St., 23 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1931

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

17. No Physician in Attendance
 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 73

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

93c (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93c (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.!

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

10. NAME OF FATHER John Cotton

8 DID AN OPERATION PRECEDE DEATH? DATE OF OPERATION
 WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? John Hurvey (Signed) M.D.
3/30, 1931 (Address) Deputy Coroner

12. MAIDEN NAME OF MOTHER unknown

*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.

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

14. INFORMANT Clarence Tompaw
 (Address) 1825 So. 14th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Sikeston Mo 3-30 1931

15. FILED 31 1931 Wm. C. Barker REGISTRAR

20. UNDERTAKER ADDRESS
M. Laughlin 1631 Mo. ave

Every item of information 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.

