

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 791

File No. 3000

Primary Registration District No. 1003

Registered No. 320

(NO. City Hospital St. 7-9 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME 5404 Mrs Florida

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF BIRTH Nov Unknown  
(Month) (Day) (Year)

AGE 49 yrs. 0 mos. 0 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Day

BIRTHPLACE (City or town, State or foreign country) Louisiana

PARENTS NAME OF FATHER Not Known BIRTHPLACE OF FATHER (City or town, State or foreign country) Not Known  
MAIDEN NAME OF MOTHER Not Known BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ed Murray  
(ADDRESS) City Hospital

Filed JAN -9 1913 Max B. Starkloff

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6, 1913  
(month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 24, 1912, to Jan 6, 1913, that I last saw alive on Jan 5, 1913, and that death occurred, on the date stated above, at 5:30

The CAUSE OF DEATH\* was as follows:  
Misc Regurgitation

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Frederic Hatcher M. D. Jan 6, 1913 (Address) City Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. 134 ds. In the State 20 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence 3065 Easton

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL Jan 10, 1913  
UNDERTAKER W. H. ... ADDRESS 3146 Easton

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.

