

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

Do not use this space.

2868

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo (No. Barnard St. Corp)  
St. 26 Ward

File No.....  
Registered No. 448  
St. 26 Ward

**2. FULL NAME**

John Micklely Sr. Cancer  
(a) Residence No. 2404 N. 14<sup>th</sup> St. St. 26 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. mos. da. How long in U.S., if of foreign birth? 1 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6 - 1882

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>74</u>	<u>2</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Micklely

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

12. MAIDEN NAME OF MOTHER Lousia Daffroe

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

14. INFORMANT John A. Rayburn  
(Address) 2404 N. 14<sup>th</sup> St.

15. FILED 13 1927 Max G. Starckoff  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 13 1927

17. I HEREBY CERTIFY That I attended deceased from November 11, 1926, to January 13, 1927 that I last saw him alive on Jan 12, 1927, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis  
Chronic Bronchitis & Pleurisy  
Non-Tubercular  
(duration) 1 yrs. 1 mos. 1 da.  
(SECONDARY)  
(duration) 1 yrs. 1 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. M. Lane, M. D.  
, 19 (Address) 3427 Washington

\*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 Lawrenceville Ills DATE OF BURIAL Jan 13 1927

20. UNDERTAKER Woy Leidner Ind Co ADDRESS 1417 N. Market

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.

