

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

Do not use this space.

3344

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City of St. Louis)

File No.

Registered No. 970

St. 970 (Ward)

2. FULL NAME

(a) Residence. No. 2630 Morgan St., 21 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Caucasian 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) Nov 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 56

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Hor Kamm

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

12. MAIDEN NAME OF MOTHER Drum

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

14. INFORMANT Dr. R. H. ... (Address) City of St. Louis

15. FILED JAN 28 1927 Max B. Sharkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1927 to Jan 11 1927 that I last saw him live on Jan 11 1927, and that death occurred, on the date stated above, at 545

THE CAUSE OF DEATH WAS AS FOLLOWS:

2000 lbs 76
Gen. Paralysis (duration) yrs. mos. da.
the disease (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) General Paralysis of the Insane (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) W. H. ..., M. D.

1927 (Address) City of St. Louis

*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 DATE OF BURIAL

St. Louis 1/20 27

20. UNDERTAKER ADDRESS W. Richter 2500 Rutger

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.

Mayo.