

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

Do not use this space.

27824

1. PLACE OF DEATH

County Mississippi

Registration District No. 576

File No. _____

Township Jefferson

Primary Registration District No. 3030

Registered No. 81

City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 404 W. Commercial Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 about mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS or (OR) WIFE OF B. J. West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. about 66

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 _____

9. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT X R. H. West (Address) St. Charles Mo

15. FILED Sept 10 1927 F. J. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927 to Sept 8, 1927 that I last saw him alive on Sept 7, 1927, and that death occurred, on the date stated above, at 707 So 2 St

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of bladder
46 46 (duration) yrs. mos. da.

CONTRIBUTORY None known (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical, Microscopic

(Signed) R. H. Chapman, M. D.

9-10, 1927 (Address) Charleston, Mo

*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 Waldellows DATE OF BURIAL 9-10 1927

20. UNDERTAKER Lake Undertaking Co ADDRESS Charleston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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