

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

Primary Registration District No. **1003**

File No. **28544**
Registered No. **18075**
St. Ward)

2. FULL NAME

(a) Residence. No. **7111 7th** St., **25** 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

SEX **Male** | 4. COLOR OR RACE **White** | 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) **unk.**

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
Advt. 71 | **—** | **—**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Welder**
(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) **Mo.**

10. NAME OF FATHER **Not Ascertainable**

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

12. MAIDEN NAME OF MOTHER **Mo.**

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

14. INFORMANT (Address) **H. H. Math**
Co. Assn. Office

15. FILED **SEP 12 1922** **W. C. Hamilton** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 8 1922**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw him alive on 19....., and that death occurred, on the date stated above, at **5-00 P.** m.

93c THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
M. M. A. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **90 B** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED? IF NOT AT PLACE OF DEATH? **Mo.**

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **H. H. Math M.D.**
9/12, 1922 (Address) **Deputy Coroner**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **September 12 1922**

20. UNDERTAKER **Beusick-michaux** ADDRESS **1138 16th**

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

