

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

Do not use this space.

31363

OCT 8 1927

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.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City So. Kenloch, Mo. (Name of City or Town) Carson Rd. (Name of Street)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Carson Rd. St. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Carrie Rawls  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 | 2 | 3  
 8. OCCUPATION OF DECEASED Laborer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-1927  
 17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Oct 6, 1927, that I last saw him alive on Oct 6, 1927, and that death occurred, on the date stated above, at 4:30 p.m.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Valvular Disease of heart  
992A  
132A  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Nephritis  
 (duration) yrs. 6 mos. ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Pa

**10. NAME OF FATHER**

Adam Rawls

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Pa

**12. MAIDEN NAME OF MOTHER**

Francis P

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Pa

**14.**

INFORMANT Carrie Rawls  
 (Address) So Kenloch Mo

**15.**

FILED 10-11-1927 O. R. Schuch REGISTRAR

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. R. Arthur M. D.  
10/7, 1927 (Address) S. Kenloch 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**

Greenwood

**DATE OF BURIAL**

10-12-1927

**20. UNDERTAKER**

W. S. Wade ADDRESS 4202

