

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

Do not use this space.

34568

1. PLACE OF DEATH

County St. Louis Registration District No. 788

Township Webster Primary Registration District No. 447

City Webster (No. 7031 Bismark St.) St. _____ Ward _____

File No. _____

Registered No. 85

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 7031 Bismark 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 9 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Yard Man
(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) Arkansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Missie Bradford
Webster 7031 Bismark St.

15. FILED 12-5-1927 Arthur H. Hestrup
per Cecil Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-21, 1927, to 11-30, 1927, that I last saw him alive on 11-30, 1927, and that death occurred, on the date stated above, at 3:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
82 A 7 1/2
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

19. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. H. Hester M. D.
11-30, 1927 (Address) Webster, 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 Washington Park DATE OF BURIAL 12-5-1927

20. UNDERTAKER Peoples Yord Co. ADDRESS 3100 Frank

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.

THIS IS A PERMANENT RECORD

