

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

Do not use this space.

35380

**1. PLACE OF DEATH**

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

Registration District No. **791**  
**1003**  
Secondary Registration District No. **City Hosp #7**

File No.....  
Registered No. **10566**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **4021<sup>st</sup> Euery** St., **11** 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 **Negro** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Willie Gaines**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 15<sup>th</sup> 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**32** | **2** | **8**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Leborer**  
(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) **Ky.**

**10. NAME OF FATHER**

**Wm K**

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

(STATE OR COUNTRY) **Ky.**

**12. MAIDEN NAME OF MOTHER**

**Miss Gubler**

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

(STATE OR COUNTRY) **Ky.**

**14.**

INFORMANT **Willie Gaines**  
(Address) **4021<sup>st</sup> Euery St**

**15.**

FILED **NOV 25 1921** max G Starckoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 27<sup>th</sup> 1921**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw h..... alive on ..... 19....., on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Shock Injuries (fracture skull)**  
**Minor contusions**

CONTRIBUTORY (SECONDARY)

**1952010** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signature) **R. A. ...**, M. D.

(Address) **251<sup>st</sup> Euery**

\*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 **NATIONAL CEMETARY - Jefferson Barracks**

DATE OF BURIAL **11-28 1921**

20. UNDERTAKER **Gates**

ADDRESS **407 Euery**

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.

