

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36589

PLACE OF DEATH

County St. LouisTownship St. LouisCity SpringfieldRegistration District No. 318Primary Registration District No. 5439(No. County St. Louis)

File No.

Registered No. 745

St. Ward)

2. FULL NAME

(a) Residence. No. 1931 Park Ave. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

15.

FILED

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

17.

I HEREBY CERTIFY, That I attended deceased from Dec 3 1927, to Dec 6 1927, that I last saw him alive on Dec 3 1927, and that death occurred, on the date stated above, at 9:30 AM in the

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
3/23/28
(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Laryngeal tuberculosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 1931 ParkDID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Physical Exam(Signed) John W. Williams, Jr.1927 (Address) Springfield, 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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

