

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

Do not use this space.

19273

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *822* Do *10th St*)

File No.....
 Registered No. **5705**
 St. Ward)

2. FULL NAME

Sanders Freeman
 (a) Residence. No. *822 Do 10th* St., *22* 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** *Single*
 (write the word)
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 13 - 1910*
7. AGE YEARS MONTHS DAYS | **IF LESS than 1 day,** hrs. or min.
17 | *11* | *8*

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *School Boy*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Georgia*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Wayman Freeman*

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

12. MAIDEN NAME OF MOTHER *Lige Smith*

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

14. INFORMANT *Wayman Freeman*
 (Address) *822 Do 10th St.*

15. MAY 26 1928
 FILED *May 26 1928*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 21 1928*
17. I HEREBY CERTIFY, That I attended deceased from *May 19 1928* to *May 21 1928*
 that I last saw ~~h. Alive~~ alive on *May 20 1928*, 1928, and that death occurred, on the date stated above, at *11 A. m.*
 THE CAUSE OF DEATH* WAS AS FOLLOWS: *11 A.*

Tubercular Peritonitis
 (duration) yrs. mos. ds.
CONTRIBUTORY *31*
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *Freeman* M. D.
May 23 1928 (Address) *9-3-31 J. J. J.*

*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 *Bremwood* | **DATE OF BURIAL** *5/28/1928*

20. UNDERTAKER *C. W. Platt, Under* | **ADDRESS** *3031 - Lacaille*

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

