

JUL 27 1928

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

Do not use this space.

1. PLACE OF DEATH

County St Louis
Township Central
City Richmond St

Registration District No. 190
Primary Registration District No. 6033

File No. 21759
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

col.

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

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

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

6/30/28

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 12 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 employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Richmond St.

10. NAME OF FATHER

Wm Sea

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Humbolt Tenn

12. MAIDEN NAME OF MOTHER

Gertrude Woodard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

McComb Miss

14.

INFORMANT (Address)

Wm Sea

15.

FILED

7/3/28

R.W. Sullivan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/30/28

17.

I HEREBY CERTIFY That I attended deceased from 6/30/28, to 6/30/28, that I last saw deceased alive on 6/30/28, and that death occurred, on the date stated above, at Richmond St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

premature delivery
154 6 mos gestation
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

7/2/28 (Address) 3136 Chaulan

*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

Farmer Dickson

7/3 - 1928

20. UNDERTAKER

J.C. Lewis

ADDRESS

Wester Groves

MO

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLACED WITH UNFADING INK

