

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21780

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Rock (No. _____)

Registration District No. 1123Primary Registration District No. 8248 B

File No. _____

Registered No. 216

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 7 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black

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

Single

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

X

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

Oct 22, 1906

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

2187

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Porter

(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)

Louisiana

PARENTS

10. NAME OF FATHER

Thomas Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisiana

12. MAIDEN NAME OF MOTHER

Emma Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisiana

14.

INFORMANT

(Address)

R. Koch Hospital, Rock Mo

15.

FILED

June 27, 1928 L. C. Obrock, M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 24, 1928

17.

I HEREBY CERTIFY, That I attended deceased from MaySt. Louis, 1928, to June 24, 1928, that I last saw him alive on June 24, 1928, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulm. Tuberculosis27A

CONTRIBUTORY (SECONDARY)

Unknown

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF DEATH?)

Unknown

DID AN OPERATION PRECEDE DEATH?

No

DATE OF _____

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Wet sputum

(Signed)

Francis H. Weinel

M. D.

, 19

(Address)

*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

Father Dickson6-30-1928

20. UNDERTAKER

ADDRESS

A. F. Walton2701 Stockland

