

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22060

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City.....

File No. 6229

Registered No. 6229

Ward

2. FULL NAME

(a) Residence No. 1308. near N. 8th St. 25 Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored Married

4. COLOR OR RACE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Lucille Shores (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10/1879.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

11

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brick & Marble

(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) St. Louis, Mo.

10. NAME OF FATHER Thomas Shores

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) St. Louis, Mo.

12. MAIDEN NAME OF MOTHER Nellie Seymour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Missouri

14.

INFORMANT Lucille Shores (Address) 1308. near N. 8th St.

15.

FILED 11 1923

Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1308. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Aortic Aneurysm (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (Non Traumatic)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D.

(Address) Dep. Cerro

*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

Greenwood Cemetery

6/12 1928

20. UNDERTAKER

ADDRESS

R. C. Houston

4531 Brady

