

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.

22334

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 608

City 3539 St. Louis (No. 119)

File No. 6520

Registered No. 6520

St. Ward)

2. FULL NAME

(a) Residence. No. 4267 Jefferson St. 119 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

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

Feb 20 - 1905

7. AGE

YEARS

MONTHS

DAYS

H LESS than 1 day, hrs. or min.

23

2

29

8. OCCUPATION OF DECEASED

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

Machine Operator

(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)

Tennessee

10. NAME OF FATHER

Alex Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Minnie Peel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT

(Address)

City Hospital

15.

FILED 21 1928

May 21 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 18 1928

17.

HEREBY CERTIFY That I attended deceased from June 7, 1928, to June 18, 1928, and that I last saw him on June 18, 1928, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Left lower lobe pneumonia
Streptococcus Septicemia
Streptococcus Diphtheriae
the Abdomen Cause unknown

CONTRIBUTORY (SECONDARY)

Acute throat non diphtheritic
operating for draining abdomen of pus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF 6-16-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

18 1928 (Address) City Hospital, M. D.

*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

Oak Grove Cemetery

June 21 1928

20. UNDERTAKER

ADDRESS

A. W. M. Laughlin

163, Madison

Tolley