

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
Primary Registration District No. 323

File No. 22673
Registered No. 7043
St. Ward)

2. FULL NAME

(a) Residence. No. 2622 Mills St. 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 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)

Married

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

Georgia Terrell

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

abt. 53 ? ? If LESS than 1 day, 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 employer)
(c) Name of employer

Laborer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

10. NAME OF FATHER

John Terrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Maria Earls

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

14.

INFORMANT (Address)

Angela F. Woodard City Hospital #2

15.

FILED

1928 June 16

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

June 30, 1928

17.

I HEREBY CERTIFY, That I attended deceased from 4-23-27

1928 to 6-30-28

that I last saw him alive on 6-30-28, 1928, and that death occurred, on the date stated above, at 6:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

96. Acute Myocarditis at 96.25

11/11/28 (duration) 2 yrs. mos. ds. CONTRIBUTORY (SECONDARY) Chronic Endocarditis Myocarditis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? YES DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? X-ray

(Signed) T. B. Birmingham, M. D.

, 19 (Address) 2945 Newton

*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 Dickson July 6, 1928

20. UNDERTAKER

ADDRESS

A. F. Walton 2701 Stoddard

