

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1008
 Township..... St. Louis City Hospital #2
 City..... (No. 1008)
 File No. 25339
 Registered No. 7145
 St. _____ Ward)

2. FULL NAME

Jonah Gates
 (a) Residence. No. 6202 Harrison St. 21 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 21 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>6</u>	<u>10</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. nil
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ark.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jonah Gates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy White

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

14. INFORMANT Dr. J. Woodard
 (Address) City Hospital #2

15. FILED 1111 - 9 1023
Edward Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-7-1928
 17.

I HEREBY CERTIFY, That I attended deceased from 6-18-1928, to 7-7-1928, 1928
 that I last saw him alive on 7-7-1928, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary tuberculosis
23, 31 (duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray
 (Signed) T. S. Cunningham M. D.
 , 19 (Address) 7945 Stanton

*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 Washington Park DATE OF BURIAL 7-9-1928

20. UNDERTAKER W. S. Padgett ADDRESS 4202 Junney

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.

PERMANENT RECORD

