

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

Do not use this space.

38460

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 4539 Swan av.

File No. ....  
Registered No. 11078  
St. .... Ward)

**2. FULL NAME**

Geo. H. Fortune

(a) Residence. No. 4539 Swan Ave St. 18 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 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 Anna Fortune

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1871-11-7

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
57 - 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Twist-maker  
(c) Name of employer American Tobacco Co.

9. BIRTHPLACE (CITY OR TOWN) Clarksville,  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Fortune,

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

12. MAIDEN NAME OF MOTHER Elizabeth Scotter

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

14. INFORMANT Anna Fortune  
(Address) 4539 Swan av.

15. FILED 11 13 1923 Wm. J. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 1927 to Nov 10 1928 that I last saw him alive on Nov 8 1928, and that death occurred, on the date stated above, at 3:15 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Arterio-Sclerosis  
97  
716 (duration) 2 yrs. - mos. - da.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. Antonio Hall M. D.  
Nov 10, 1928 (Address) 1625 Fowl Green Av

\*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 Lake Charles, DATE OF BURIAL 11/12/28

20. UNDERTAKER Robert G. Lambard ADDRESS 479 N. Euclid

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
K. 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.

