WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

43193

File No. 12499

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 3042 Dixson St. Ward)

Registration District No. 781 1003

Primary Registration District No.

2. FULL NAME Infant Pointer

(a) Residence. No. 3043 Dixson 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 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: Colored

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) 12-19-28

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Pointer

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

12. MAIDEN NAME OF MOTHER Mary Brown

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

14. INFORMANT Ruth Williams
(Address) 3043 Dixson

15. FILED DEC 22 1928, 19.... Mary C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-19-28, 19.... to Dec. 21, 1928, 19.... that I last saw h.....? alive on Dec. 20, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Diarrhea

159

1 1/2 D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prematurity

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Hotel

IF NOT AT PLACE OF DEATH?

6 DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. O. Sammons, M. D.

, 19 (Address) 2945 Franklin ave

*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: 12-22-1928

20. UNDERTAKER: Hoffleschmidt Co.

ADDRESS: 3100 Franklin