

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

Do not use this space.

43194

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. 1625) Car St. .... Ward .....

File No. ....  
 Registered No. 12500 St. .... Ward .....

**2. FULL NAME**

Willie L. Revels

(a) Residence. No. 1625 Car St. 05 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**

**MEDICAL CERTIFICATE OF DEATH**

2. SEX Male 4. COLOR OR RACE Red 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

17. I HEREBY CERTIFY That I attended deceased from December 9, 1928 to December 16, 1928 that I last saw him alive on Dec. 16, 1928, and that death occurred, on the date stated above, at 8 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12-28

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11 4

Broncho pneumonia  
Primary  
167A (duration) yrs. mos. ds. 10 ds.

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

CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Tomie Revels

8 DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Susie McEvoy

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W.H.G. Clark M.D. (Address) 1635 Car St.

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

\*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.

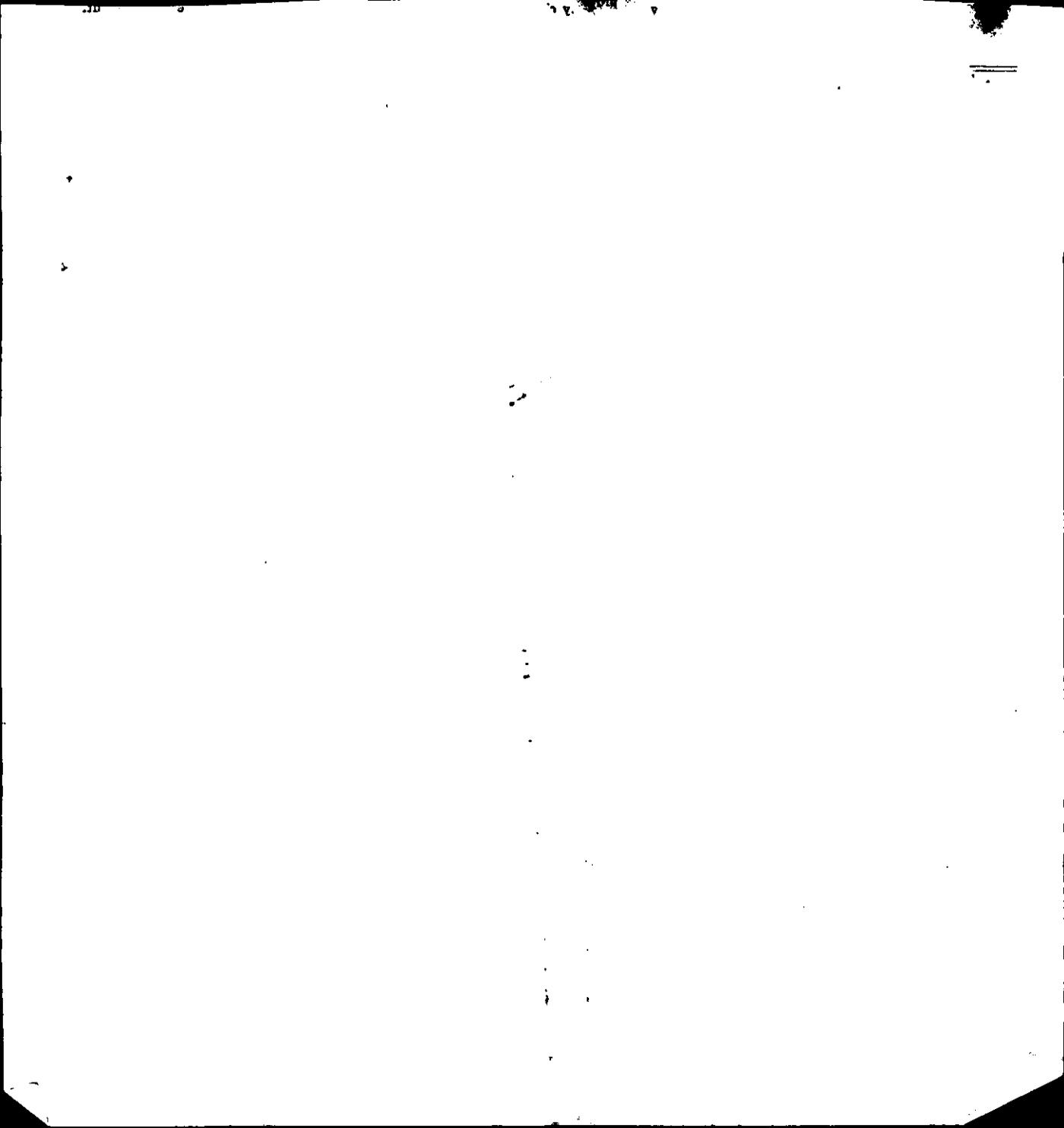
14. INFORMANT Susie Revels (Address) 1625 Car

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 12-22-1928

15. FILED 22 1928 May C. J. Miller REGISTRAR

20. UNDERTAKER Peoples and Co Franklyn ADDRESS 3100

ON DEATH IN plain term, so that it may be properly classified. Exact statement of OCCUR...



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No..... File No.....  
Township..... Primary Registration District..... Registered No. 12500  
City..... (No. 1325 Cam St.) St. .... Ward)

**2. FULL NAME**.....

(a) Residence. No..... St. 25 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 19 28

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

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

..... (duration)..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) (duration)..... yrs. .... mos. .... ds.

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.....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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.

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

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER Jessie Ivey

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

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

15. FILED JUN 10 1929 May C Starkloff REGISTRAR

20. UNDERTAKER

ADDRESS

IF DEATH IN PLAIN TERMS, SO THAT IT MAY BE FULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. DEATHS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-43194