

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.

1699

1. PLACE OF DEATH

County Jackson
Towship St. Lawrence
City St. Louis

Registration District No. 399Primary Registration District No. 1008File No. 290Registered No. 290St. 2 Ward

2. FULL NAME

(s) Residence. No. 1106 Woodland St. 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 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

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Obonced

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

122/872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

56026

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

Janitor

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

Pleasantville Missouri

10. NAME OF FATHER

Chas. Calloway

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

Saline Co. Mo

12. MAIDEN NAME OF MOTHER

Not obtained

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

Unknown

14.

INFORMANT (Address)

Patient himself 1106 Woodland

15.

FILED

1-20-29 M M Cook

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Jan 18 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan 16, 1929, to Jan 18, 1929 that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Decompensation, Chronic Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. Smith, M. D.
1/19, 1929 (Address) General Hospital #2

*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

Blue Ridge Fun Co 1-22 1929

20. UNDERTAKER

ADDRESS

West, R. H. & Son 1600 E. 19th

