

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.

1735

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 13 E. No. 16Primary Registration District No. 16003City St. Louis(No. 804 E. 16th St.)

File No.

Registered No. 327

St. Ward)

2. FULL NAME

(a) Residence. No. 804 E. 16th St. 3 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

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

Married

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

Francis Henry

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

Feb 18 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28116

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

Labor

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Shrewsbury La

10. NAME OF FATHER

Sam. Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Shrewsbury La

12. MAIDEN NAME OF MOTHER

Lelia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Shrewsbury La

14.

INFORMANT

(Address)

Francis Henry
804 E. 16th St.

15.

FILED

1-23-29M. M. Love
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

19-29 1928

17. I HEREBY CERTIFY, That I attended deceased from

1928, to 1929, and thatthat I last saw h. alive on 1929, and thatdeath occurred, on the date stated above, at 1929 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

CONTRIBUTORY SECONDARY

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1928

(Address)

Deputy Coroner

*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

Shrewsbury LaNov 22 1929

20. UNDERTAKER

ADDRESS

W. O. F. Fickcity

1000