

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

(No. **4048 W Bell**)

File No. **4507**

Registered No. **1190**

St.

Ward)

2. FULL NAME

(a) Residence. No. **4048 W Bell** St. **11** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **1 1/2** yrs.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

negro

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)

JAN 4, 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

Robert Collier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Essie Gathright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

**Essie Collier,
4048 W Bell**

15.

FILED

JAN 26 1929

1929

Wm Starkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 22 1929

17.

I HEREBY CERTIFY, That I attended deceased from **Jan 21**

....., 1929, to **Jan 22**, 1929, and that I last saw him alive on **Jan 21**, 1929, and that death occurred on the date stated above, at **8 pm.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hemorrhagic disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

not known

(duration) yrs. mos. ds.

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)

J. W. ... M. D.

1122, 1929 (Address) 4320 Canton

*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

Washington PA 1-24 1929

20. UNDERTAKER

ADDRESS

Russell Underhill 2732 Pine St.

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.

REPRODUCED BY PERMISSION OF THE MISSOURI STATE BOARD OF HEALTH

