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

Do not use this space. 7893

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City JeffersonBarracks, Mo. (No. Vet. Hosp. St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B
File No.
Registered No. 96

2. FULL NAME Joseph J. Head
(a) Residence. No. 9 St., Charles Place, Webster Groves, Mo.
(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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife's name unknown(deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
34	34	10	14	

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

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Nathan Barlow, Clinical Director, (Address) U.S.Veterans Hosp., JeffersonBrks.

15. Filed Mch. 1, 1929 L. C. Obrock Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from February 27, 1929, to Feb. 28, 1929 that I last saw him alive on February 28, 1929, and that death occurred, on the date stated above, at 9:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis- (Not due to meningococcus)
79A
(duration) un yrs. kn mos. nwn ds.

CONTRIBUTORY (SECONDARY) 79A
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and laboratory findings
(Signed) E. T. Gallagher, M.D.
, 19 (Address) USV.Hosp.Jeff.Brks., Mo.

*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 Gerald Mo
DATE OF BURIAL 3/2 1929

20. UNDERTAKER Hoffmeister Undtk. Co. St. Louis, Mo.
ADDRESS 7814 So Bdwy

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 27 1929

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