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

Do not use this space.

7897

1. PLACE OF DEATH

County St. Louis, Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6148 B. Registered No. 84

City Jefferson Barracks, (No. U.S. Veterans Hospital. St. Ward)

2. FULL NAME Oliver Haywood, W. C. Gibson, Medical Officer in Charge.

(a) Residence. No. South Kinloch Park, St., Ward. St. Louis County, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U.S., if of foreign birth? -- yrs. -- mos. -- ds.

W. C. Gibson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Oliver Haywood,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 3, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	13	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Unavailable

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

PARENTS

10. NAME OF FATHER Unavailable

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

12. MAIDEN NAME OF MOTHER Unavailable

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

14. INFORMANT F. C. Walsh, Medical Officer, U.S. Veterans Hospital, Jefferson Barracks, Mo.
(Address)

F. C. Walsh

15. FILED Feby 19, 1929 L. C. Ebrod, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from February 12, 1929 to February 16, 1929. that I last saw him alive on February 16, 1929, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleurisy, serofibrinous, chr. left chest.

25

110

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Peritonitis, probably tuberculous.

(duration) Un yrs. kn mos. own ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory findings.

(Signed) F. C. Walsh, Medical Officer, U.S. M.D.
Veterans Hospital, Jefferson Barracks, Mo.
(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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marvell Arkansas — DATE OF BURIAL 2/19 1929

20. UNDERTAKER Hoffmeister U. L. Co. — ADDRESS 7814 So. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD