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.

8446

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital #2 ..... St. ..... Ward)

File No. .....

Registered No. 2111

2. FULL NAME William Givens

(a) Residence. No. 1442 N. Jefferson St. (R) 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Miss

PARENTS

10. NAME OF FATHER Wesley Givens

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

12. MAIDEN NAME OF MOTHER Margaret Hunter

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED FEB 15 1929, 19 ..... Mary C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12- 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-5-, 1929, to 2-12-, 1929, that I last saw him alive on 2-12-, 1929, and that death occurred, on the date stated above, at 6:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Endocarditis C
Chr. Myocarditis 92A
93C
(duration) yrs. 1 mos. 1200 ds.

CONTRIBUTORY (SECONDARY) Acute Gastro-Enteritis
(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 900

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) T. E. Cunningham, M.D.

, 19 (Address) 2945 Sawton

*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 Washington Park

DATE OF BURIAL Feb 17 1929

20. UNDERTAKER Elmer E. Pettis

ADDRESS 3030 Bell

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