

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

Do not use this space.

8736

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1500
City St Louis (No. 2529) Belle Glade St. 11 Ward)

File No.
Registered No. 2409
St. 11 Ward)

2. FULL NAME

(a) Residence. No. 2529 Belle Glade Ward.
(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Floyd</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 69</u>	MONTHS <u>—</u>	DAYS <u>—</u>
IF LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer <u>—</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tennessee

10. NAME OF FATHER
Unknown

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

12. MAIDEN NAME OF MOTHER
Unknown

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

14. INFORMANT Carrie Floyd
(Address) 2529 Belle Glade

15. FILED 22 1929
Max E. Jankoff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jul 16 1929
17. I HEREBY CERTIFY That I attended deceased from 8/18 1929, to 2/1 1928
that I first saw h. alive on 2/16 1929, and that death occurred, on the date stated above, at 5:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A, Apoplexy (cerebral)
7/17, Huntington
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
7401

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Helgeson M. D.
7/20, 1929 (Address) 2005 Locust Ave

*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 St Peters DATE OF BURIAL 7/24 1929

20. UNDERTAKER Our Robert Taylor ADDRESS 3035 Lucas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

237
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