

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

Do not use this space.

12908

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 12908
 Township City Hospital #2 Primary Registration District No. 1003 Registered No. 3458
 City St. Louis (No. City Hospital #2) St. 11 Ward)

2. FULL NAME

(a) Residence. No. 4438 N. Market St. 11 Ward. (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 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) 12-1-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
23 | 3 | 16

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) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Sam Young

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

12. MAIDEN NAME OF MOTHER Alice Brooks

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

14. INFORMANT Alfred Woodard
 (Address) City Hospital #2

15. FILED 17 1929 Indie C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY That I attended deceased from March 16 1929, to March 17 1929 that I last saw him alive on March 17 1929, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute intestinal obstruction

122 hrs (duration) yrs. mos. 4 ds.

CONTRIBUTORY Band of adhesions
 (SECONDARY) Cause unknown
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

11032 DID AN OPERATION PRECEDE DEATH? DATE OF 3/16/29

11032 WAS THERE AN AUTOPSY? No

11032 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) J. J. Thomas M. D.

3/19 1929 Address City Hospital #2

*State the DISEASE CAUSING DEATH, or in death 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 3-20 1929

20. UNDERTAKER Harold Math - ca 4029 Spring ADDRESS

27.218