

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

Do not use this space.

13077

1. PLACE OF DEATH

County.....
Towship.....
City St Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3634
St. Ward)

2. FULL NAME

(a) Residence. No. 1713 Franklin St., 25 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | colored | Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13-1928

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

1 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nile
(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)

10. NAME OF FATHER Mr Payer Bess

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

12. MAIDEN NAME OF MOTHER Lily Ward

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

14. INFORMANT Lily Bess
(Address) 1713 Franklin Ave

15. FILED W.C. Starbuck REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 19 29

17. I HEREBY CERTIFY That I attended deceased from March 19, 1929, to March 21, 1929 and that I last saw him alive on March 21, 1929 and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho - Pneumonia
(uncomplicated)
Primary
1071 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?
WHAT TEST COMPLETED DIAGNOSIS
(Signed) J. P. Moore, M. D.
3-22-1929 (Address) 1336 Franklin

*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 Greenwood DATE OF BURIAL March 22 19 29

20. UNDERTAKER Perment - son ADDRESS 2700 Wash

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

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.

