

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

Do not use this space.

13167

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1009 1/2
 City St. Louis (No. City Hospital # 2) St. Ward)

File No.
 Registered No. 5127
 St. Ward)

2. FULL NAME

(a) Residence. No. 2220 Piddell St., 21 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 | Negro | married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-16-1881

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, --- hrs. or --- min.
47 | 4 | 5

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) La.

10. NAME OF FATHER Tom Gordon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) La.

12. MAIDEN NAME OF MOTHER Dora Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) La.

14.

INFORMANT Bestella Sexton
 (Address) City Hospital # 2

15.

FILED Mar 21 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1929

17. I HEREBY CERTIFY That I attended deceased from March 18 1929, to March 21 1929 that I last saw him alive on March 21 1929, and that death occurred, on the date stated above, at 2:20 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
10²⁵

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

101 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. Did an OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

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

3/25/29 Address City Hospital # 2

*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

DATE OF BURIAL

Talcher Hickson 3-28-1929

20. UNDERTAKER

ADDRESS

A. F. Watten 1707 Standard

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.

23
2
2
2

