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

Do not use this space.

1929

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 789

Township: Central — Primary Registration District No.: 60330

City: ..... (No. 6431, Myrtle Ave, St. ..... Ward)

File No. .....

Registered No. 15867

2. FULL NAME John Dollarhide

(a) Residence. No. 6431 Myrtle Ave 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	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Dollarhide

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	12	13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Metal Lather

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Odessa
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos. Dollarhide

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

12. MAIDEN NAME OF MOTHER Mary Malphill

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

14. INFORMANT Mrs. Emma Dollarhide
(Address) 6431 Myrtle Ave

15. FILED 4/12, 1929 Nella Gracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to April 11, 1929, that I last saw him alive on April 11, 1929, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of the Glottis 15B
115A
105A (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Vincent's Angina and Erysipelas (duration) ..... yrs. 1 mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Chester A. Poe, M.D.

Apr. 11, 1929 (Address) 6123 Easton 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: Oak Grove Cem — DATE OF BURIAL: 4-13 1929

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave

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.