

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 1003
 Township..... Primary Registration District No.
 City **St. Louis** (No. **1038** **Elliot**)

File No. **16369**
 Registered No. **4409**
 St. Ward)

2. FULL NAME

(a) Residence. No. **1038** **Elliot** 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 Male	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1870		
7. AGE YEARS 58	MONTHS 8	DAYS 11
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... **Butcher**
 (b) General nature of industry, business, or establishment in which employed (or employer)... **Swift & Co.**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Madison Mo.**

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ill**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Tenn**

14. INFORMANT

(Address) **Mary Spurlock**
1038 Elliot

15. REG

16 1929 **Max C. Starnes**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 12 1929**
 17. I HEREBY CERTIFY, That I attended deceased from **27** 1927, to **Sept 12** 1929 that I last saw him alive on **Sept 12** 1929 and that death occurred, on the date stated above, at **8:40** a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C
97

Chronic myocarditis
 (duration) yrs. mos. **15** da.
 CONTRIBUTORY **Arteriosclerosis**
 (SECONDARY) (duration) yrs. **2** mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. D. Johnson** M. D.
 (Address) **1934 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

DATE OF BURIAL

Greenwood Cem. **4/16 1929**

20. UNBERTAKER

ADDRESS

Williams **3232 Olive**

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.

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