

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

Do not use this space.

16774

1. PLACE OF DEATH

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

File No.
 Registered No.
 St. 4893 (Ward)

2. FULL NAME

Leong Nam
 (a) Residence No. 1938 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 Male 4. COLOR OR RACE Yellow 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do Not Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>about 55</u>				

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Non Hong Kong
 (STATE OR COUNTRY) Wai of Shing long

10. NAME OF FATHER Do Not Know

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

12. MAIDEN NAME OF MOTHER Do Not Know

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

14. INFORMANT Leong Nam
 (Address) 1938 St. Louis

15. FILED APR 19 1929 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1929

17. I HEREBY CERTIFY, That I attended deceased from April 15 1929, to April 19 1929, that I last saw him alive on April 18 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Lobar Pneumonia
10X
 (duration) 7 yrs. mos. ds.

CONTRIBUTORY Diphtheria Mellitus
 (SECONDARY) (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Sputum and Biopsy
 (Signed) A. P. Hyman M. D.
April 19 1929 (Address) 306 Humboldt Bldg

*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 Hong Kong China DATE OF BURIAL May 8 1929

20. UNDERTAKER John P. Collins ADDRESS 928 Grand

WRITE PAINLY, 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.

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