

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

Do not use this space.

18221

1. PLACE OF DEATH

County Jackson
Township Kane
City St. Louis (No. D.C. Hospital)

Registration District No. 399
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. 2266 Ward _____

2. FULL NAME

(a) Residence, No. 1111 Woodland St., 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 6 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Store Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton, Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Sykes

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

12. MAIDEN NAME OF MOTHER Lockett Sykes

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

14. INFORMANT John Sykes
(Address) 1026 Woodland

15. FILED 5/16, 1929 M M Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1929

17. I HEREBY CERTIFY, That I attended deceased from 5-15 1929, to 5-15 1929 that I last saw him alive on 5-15 1929 and that death occurred, on the date stated above, at 12:20 noon

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebro-Spinal Fever
18 (Epidemic)

1.95 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxemia

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical laboratory

(Signed) J. M. Smith M. D.

5-16, 1929 (Address) general hospital no 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

Windsor Mo. 5-18 1929

20. UNDERTAKER ADDRESS

Flynn + Greenstreet K C 2

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.

243

31

(b)

(c)

