

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

Do not use this space.

19260

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Prospect Hill (No. 663 Glendale Avenue) St. _____ Ward _____

2. FULL NAME Johnnie Lee Muldrow

(a) Residence. No. 663 Glendale Avenue 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 20, '28

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
| | | 5 | 16 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Prospect Hill
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Thomas

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

12. MAIDEN NAME OF MOTHER Zella Thomas

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

14. INFORMANT Zella Lee
 (Address) 663 Glendale-Prospect Hill, Mo

15. FILED May 28, 1929 S. Muldrow
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-6-29 19

17. I HEREBY CERTIFY, That I attended deceased from May 6 - am, 1929, to May 6 - 29, pm that I last saw him alive on May 16, 1929 and that death occurred, on the date stated above, at about 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Capillary Bronchitis
1919
1907 O O B
 (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Exposure to cold
 (duration) 1 yrs. 1 mos. 1 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) Wm. Arthur Smith, M. D.

5-8, 1929 (Address) 912 - N - 19 st.

*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

Washington Good Hope 5-9-1929

20. UNDERTAKER ADDRESS

State Funeral Home 410 N. 19th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

