

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.

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

Do not use this space.

23181

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City Hospital #2)

File No.....
Registered No. **6654**
St..... Ward.....

2. FULL NAME

(a) Residence No. 3154 Clifton Pl. 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 50 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 (widow the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 26, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miss.
10. NAME OF FATHER Richard Key
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED 21 May 1929 REGISTRAR J. E. Standley

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1929

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1929, to June 12, 1929 that I last saw him alive on June 12, 1929 and that death occurred, on the date stated above, at 8:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic
2-3 6 (duration) 1 yrs. 6 mos. 1 ds.
CONTRIBUTORY Nervo-hues (SECONDARY) (duration) 1 yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray + Wasserman
(Signed) H. S. Leathers M. D.
6-12, 1929 (Address) City Hosp #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 Greenwood DATE OF BURIAL June 23 1929
Emer. E. Peller ADDRESS 3030 Ball

