

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

Do not use this space.  
27861  
5553

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City St. Louis (No. Genl. Hospital)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1905 Highland Crest Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W. Euro.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 14 - 1863</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Slave Mason</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u> (c) Name of employer <u>Unknown</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/17 1929  
17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1929 to Aug 17, 1929 that I last saw him alive on Aug 17, 1929, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Intestines  
46 C  
45 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTOR (SECONDARY) 45 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Unknown  
IF NOT AT PLACE OF DEATH Unknown  
DID AN OPERATION PRECEDE DEATH? No DATE OF 0  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Laboratory - Clinical  
(Signed) H. M. Smith, M. D.

9. BIRTHPLACE (CITY OR TOWN) Wyandotte Co. Kansas  
(STATE OR COUNTRY)  
10. NAME OF FATHER Henry Justice  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Lizzie Campbell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Record Clerk  
(Address) Gen. Hosp. # 2  
15. FILED 8/20/29 M. M. Crowe REGISTRAR  
cash

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL 8-20 1929  
20. UNDERTAKER Wynn & Greenleaf ADDRESS K. C. Mo.

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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