

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

Do not use this space.

29570

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1303
 City St. Louis (No. City Hosp # 2)..... St. Ward)

File No.
 Registered No. 8757

2. FULL NAME

Adolphus Winfield
 (a) Residence. No. 2137 Englewood St. 22 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 Cool 5. ~~SINGLE~~-MARRIED, WIDOWED OR DIVORCED (widow)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
abt. 32

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

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

14. INFORMANT J. W. Kerner
 (Address) St. Louis

15. FILED Aug 27 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute General Peritonitis
following ruptured
Struck by auto
 (duration) 20 hrs. 10 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Accident
 (duration) 1 hrs. 0 mos. 0 ds.
 18. WHERE WAS DISEASE CONTACTED St. Louis Mo.

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION EXCEED DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. W. Kerner M.D.
8/26 1929 (Address) St. Louis

*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 Pattersonfield DATE OF BURIAL Aug 27 1929

20. UNDERTAKER Linkin Jones ADDRESS 3129 Lucas

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.

