96

SEP 26 1929

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

Do not use this space.

31856

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6L48B. — Registered No. 321

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

11

3

2. FULL NAME Arnett McBride

(a) Residence. No. 316 Washington Ave. St., Ward. - - - - - - - - - - -
(Usual place of abode) Lovejoy, Ills. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	33	10	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) American Steel & Fdy. Co

(c) Name of employer American Steel & Fdy. Co.

29

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff.
(STATE OR COUNTRY) Arkansas.

2

PARENTS

10. NAME OF FATHER John McBride.

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

31

12. MAIDEN NAME OF MOTHER Josephine Dallas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pine Bluff,
(STATE OR COUNTRY) Arkansas.

9

14. INFORMANT L.A. Bradbury
(Address) L.A. Bradbury, Acting Clinical Director, U.S. Veterans Hospital, Jefferson Barracks, Mo

15. FILED Sept. 4 1929 L.C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 2 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1929, 19, to September 2, 1929 that I last saw him alive on September 2, 1929 and that death occurred, on the date stated above, at 12:05 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary, Chr. Far Advanced, Active.

23A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, M.D.

19. (Address) Medical Officer In Charge, U.S. Veterans Hospital, Jefferson Brks, Mo.

*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: National, Jefferson Barracks. DATE OF BURIAL: 9/5 1929.

20. UNDERTAKER: Gates Funeral Home. ADDRESS: 4107 Finney Av.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7th Grove
at 3:30