

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5800**, **Greenwood**)

File No. **2867**
Registered No. **311**
St. Ward)

2. FULL NAME

William Durlay
(a) Residence. No. **City of St. Louis** St. **13** Ward.

(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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1847, Aug. 6**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 yrs 4 mos 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labourer**
(b) General nature of industry, business, or establishment in which employed (or employer) **Odd Jobs**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Pennsylvania**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) **Virginia**

12. MAIDEN NAME OF MOTHER **Helen Sueda**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) **Ohio**

14. INFORMANT **Mrs. M. E. Starker**
(Address) **5800 Greenwood St**

15. FILED **JAN 10 1931** **Mrs. E. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 3 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1st**, 1930, to **Jan 3rd**, 1930, that I last saw him alive on **Jan 2nd**, 1930, and that death occurred, on the date stated above, at **6:45 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia
131
93C
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chr. Myocarditis 9**
Chr. Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **129A**

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. H. Roberts**, M. D.

1-3, 1929 (Address) **5800 Greenwood**

*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

Greenwood Cemetery **1/12 1930**

20. UNDERTAKER **C. W. Roberts** ADDRESS **3035 Lued**

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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