

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

Do not use this space.

6752

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis, mo Primary Registration District No. City Hospital # 2  
 City..... (No. ....) St. .... Ward)

File No. ....  
 Registered No. 1579  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2307 Walnut St. Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 14 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>col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Woods</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-12-1890</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>10</u>	DAYS <u>28</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mechanic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General automobile repair work</u> (c) Name of employer <u>unknown</u>		

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-14-30, 1930, to 2-10-30, 1930, that I last saw him alive on 2-8-30, 1930 and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
 (duration) ..... yrs. 5 mos. .... ds.

CONTRIBUTORY (SECONDARY) 31  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray  
 (Signed) A. E. Hale M. D.  
2/13/1930 (Address) 2945 Lawton

\*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.

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

10. NAME OF FATHER Albert Woods

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

14. INFORMANT A. Etude Creath  
 (Address) City Hospital #2

15. FILED Mar 11 1930  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park  
 DATE OF BURIAL 2/15 1930

20. UNDERTAKER Peoples Bur. Co.  
 ADDRESS Franklin

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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