

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.

MAY 30 1930

APR 30 1930

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

Do not use this space.

10161

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City Koch (No. Koch Hosp)

Registration District No. 1123  
Primary Registration District No. 6348 B

File No. \_\_\_\_\_  
Registered No. 67  
St. \_\_\_\_\_ Ward)

2. FULL NAME Blockton, Lander

(a) Residence No. 1545 S 2nd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 22 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>0</u>	<u>26</u>	

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) Alabama  
(STATE OR COUNTRY)

10. NAME OF FATHER Abe Washington Blockton

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

12. MAIDEN NAME OF MOTHER Caroline Westland

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

14. INFORMANT Koch Hospital Records  
(Address) Koch Ho

15. FILED Mar 12 1930 L. C. Obrock  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1929, 19\_\_\_\_, to March 3, 19\_\_\_\_, 30 that I last saw him alive on Mar. 3, 1930 and that death occurred, on the date stated above, at 11:58 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

Out (duration) x yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Laryngitis  
Probably (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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 Yes \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? X ray & Sputum  
(Signed) Penhew. Stone, M. D.

3/3/30<sup>9</sup> (Address) Koch 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 Washington Park DATE OF BURIAL 3-12-1930

20. UNDERTAKER J. Echols ADDRESS 1418 1/2

