

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

Do not use this space.

11114

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 3008  
City..... (No. 4219 City Brilliant)

File No.....  
Registered No. 3150  
St..... Ward)

**2. FULL NAME**

Roy Joseph Soule  
(a) Residence No. 4220 W. Cook St. 11 Ward. (If nonresident, give city 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matthe Viola Soule

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 9 15

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

9. BIRTHPLACE (CITY OR TOWN) New Orleans  
(STATE OR COUNTRY) La

10. NAME OF FATHER Albert Soule

11. BIRTHPLACE OF FATHER (CITY OR TOWN) White Case  
(STATE OR COUNTRY) La

12. MAIDEN NAME OF MOTHER Mathieu Doubequet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) White Case  
(STATE OR COUNTRY) La

14. INFORMANT Mrs. Matthe Soule  
(Address) 4220 W. Cook

15. W. H. Estlin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1930

17. No Physician in attendance  
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at....., 19..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Mitral Insufficiency  
92A

CONTRIBUTORY (SECONDARY) 90A  
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John Phuley M.D.  
3/26 1930 (Address) Deputy Coroner

\*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 Jefferson Barracks DATE OF BURIAL 3-31 1930

20. UNDERTAKER Watson and Son ADDRESS 2769 Chouteau

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.

118  
2

PARENTS

MAR 28 1930 FILED

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