

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

Do not use this space.

14784

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10015
 City St. Louis (No. 3104 Washington Ave St. _____ Ward) _____

2. FULL NAME

(a) Residence No. 3104 Washington St. 21 Ward. _____
 (Usual place of abode) _____ (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Nalan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 - 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>1</u>	<u>6</u>	

8. OCCUPATION OF DECEASED Minister 56
 (a) Trade, profession, or particular kind of work. _____
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Tenn
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Amos Nalan

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

12. MAIDEN NAME OF MOTHER Tempie Sumner

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

14. INFORMANT Mary Nalan
 (Address) 3104 Washington

15. FILED 44 25 1930 W. C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24-30

17. I HEREBY CERTIFY, That I attended deceased from 4/23 1930 to 4/24 1930 that I last saw him alive on 4/23/30, 1930 and that death occurred, on the date stated above, at 8:25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza of bronchio -
measles
acute myelogenous
leukemia
 (duration) _____ yrs. _____ mos. _____ ds.
 (CONTRIBUTORY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOSEPTIC _____
 WHAT TEST CONFIRMED DIAGNOSIS Physical findings
 (Signed) J. T. Pridemore M. D.
 (Address) 20384 Myrtle

*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 Father Orphan DATE OF BURIAL 4-27-30

20. UNDERTAKER W. S. Wade ADDRESS 4202 Jimmy

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.

