

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

Do not use this space.

17415

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Secondary Registration District No. **1003**

File No.
Registered No. **4481**
St. **2** Ward

2. FULL NAME

(a) Residence, No. St., **W. 3** Ward.
(Usual place of abode)

Chicago Ill
(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

1. SEX **Male** 4. COLOR OR RACE **(Col.)** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **ab. 65**

8. OCCUPATION OF DECEASED

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

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

Ill.

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **"**

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

14. INFORMANT (Address) **J. W. Kerner**
Chicago

15. FILED **14** **May 6 1930** **REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 4 1930**

17. **No Physician in Attendance**
I HEREBY CERTIFY, That I attended deceased from

..... 19..... to..... 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... **29** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C

CONTRIBUTORY (SECONDARY)

906

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

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

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Kerner** M.D.

5/5 1930 (Address) **Dep. 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 **Chicago Ill.** DATE OF BURIAL **5/6 1930**

20. UNDERTAKER **Gus Scott** ADDRESS **3015**
Lawton

X. 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.

