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

Do not use this space.
20556

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1. PLACE OF DEATH

County St. Louis
Township Paradise
City (No.)

Registration District No. 1123
Primary Registration District No. 0248F

File No.
Registered No. 184 St. Ward)

2. FULL NAME

(a) Residence. No. Joseph Carr St. 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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 5 2

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

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

10. NAME OF FATHER Armeded Carr

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT: Joyner Hemphrey
(Address) 2222 egar st

15. FILED 6/4, 1930 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 6:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
173 Justified Homicide
(duration) yrs. mos. ds.

CONTRIBUTORY Gun shot wounds
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH Matess mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) John O. James, M. D.
, 19 (Address) Corner Spruce

*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 Frather Dickson DATE OF BURIAL 6-11 1930

20. UNDERTAKER W. A. Wade & Sons ADDRESS 4570 2 Jimney ave

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.

