

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**
Primary Registration District No. **01003**

File No. **24738**
Registered No. **6897**
Ward.....

2. FULL NAME

(a) Residence, No. **1536** **11th St.** **9** 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 **Col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov-28-1901**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 **7** **14**

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER **Charles Douglas**

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

12. MAIDEN NAME OF MOTHER **Mary Holzer**

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

14. INFORMANT **Mary Douglas**
(Address) **612 1/2 11th St**

15. FILED **JUL 14 1930** **Max C. [Signature]** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **found dead July 2 1930**

17. I HEREBY CERTIFY, That I attended deceased from **11:30 P** 19..... to 19.....

that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at **4:30 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Asphyxiation
183' Due to Drowning
while swimming
Accidental**

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **Ill**

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

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

DATE OF BURIAL

Courthall Ill 7-14 1930

20. UNDERTAKER

ADDRESS

Linkin Tony 3129 [Address]

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.

