

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

Do not use this space.

27869

1. PLACE OF DEATH

County St. Louis
Township Chippewa
City North

Registration District No. 0123
Primary Registration District No. B 2 = 8 B
(No. North, No. 8)

File No.
Registered No. 280
St. Ward)

2. FULL NAME

(a) Residence. No. 3725 Cook St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 4 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 OWNERS (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ethel La Fear

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

29

4

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Poster

(b) General nature of industry, business, or establishment in which employed (or employer).....

??

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

14.

INFORMANT.....
(Address)

Ethel La Fear
3412 Lucas

15.

FILED 8-18-30 L. C. Obrode
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1930, to Aug 16, 1930 that I last saw him alive on Aug 16, 1930 and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T. B. C.

23A

(duration) yrs. 0 mos. 22 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? DATE OF no.

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Sputum, P. O.

(Signed) Geo. Kettelkamp M. D.

, 19 (Address) North Mo.

*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

Father Dickson Cemetery

8-20 1930

20. UNDERTAKER

ADDRESS

R. E. Beal Underbr.

2726
Julax on

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.

1930

11/11



11/11