

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

Do not use this space.

29899

**1. PLACE OF DEATH**

County Jefferson

Registration District No. 399

File No.

Township St. Louis

Primary Registration District No. 1002

Registered No. 3704 (Ward)

City St. Louis (No. General) Hospital No.

**2. FULL NAME**

(a) Residence. No. unknown St. unknown Ward.

(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)

unknown

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

unknown

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

Sept 1 - 1900

7. AGE

YEARS 30

MONTHS

DAYS 6

IF LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

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

Pullman Porter

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

Pullman Company

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14. INFORMANT

270. Harris

(Address) 2508 Michigan

15. FILED

9/8, 1930, M. D. Crowe

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-7-30

17. Deputy Coroner  
HEREBY CERTIFY, That I attended deceased from Sept 7 - 1930, to Sept 7 - 1930 that last saw him alive on Sept 7 - 1930 and that death occurred, on the date stated above, at 1145 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Homicide - Knife  
1147 (Garage)  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

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

9/7/30 (Signed) Deputy Coroner, M.D.  
1145 pm (Address) Deputy 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

Danville Arkansas Sept. 8, 1930

20. UNDERTAKER

ADDRESS

Polkin Bros. 2000 E. 12

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.

