

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.

MAR 27 1934

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

Do not use this space.

4414

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 10)

Registration District No. 903

Primary Registration District No. 6212

File No. 3

Registered No. 3

St. 3

Ward

2. FULL NAME

(a) Residence. No. 10 St. 3 Ward. 3
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 10 yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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)

July 27, 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. 0 or min. 0

9

5

28

8. OCCUPATION OF DECEASED

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

School

(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)

St. Louis, Mo.

10. NAME OF FATHER

Leslie Downing

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

St. Louis, Mo.

12. MAIDEN NAME OF MOTHER

Wah, Hibbs

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

St. Louis, Mo.

14.

INFORMANT (Address)

Mrs. Wah Downing
St. Louis, Mo.

15.

FILED

1/26, 1934

John Andrews

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 26, 1931

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1931 to Jan. 25, 1931, that I last saw him alive on Jan. 24, 1931, and that death occurred, on the date stated above, at 7:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema
110A
107A

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

Bronchial
Emphysema (duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

W

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/26, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Typical findings

(Signed) J. H. H. H. M. D.

1-26, 1931 (Address) St. Louis, 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

Isaiah Cemetery

1/26, 1931

20. UNDERTAKER

ADDRESS

John C. Dumble

St. Louis, Mo.

