WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

12445

791

1003

File No. 3756

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo (No. City Hospital #2 St. Ward)

2. FULL NAME James Lightning

(a) Residence. No. 3311 Franklin St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about	20	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur 101
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) La
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Gus Lightning

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

12. MAIDEN NAME OF MOTHER Lula Neal

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

14. INFORMANT A. Bethude Creath
(Address) City Hosp #2

15. FILED 26 1931 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/20, 1931, to 3/22, 1931 that I last saw h. ~~him~~ alive on 3/22, 1931, and that death occurred, on the date stated above, at 1:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis
23A
24A (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Pulmonary T.B.
Tuberculosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab (1)

(Signed) Henry E. Hampton, M. D.
3/25, 1931 (Address) City Hosp #2

*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
Washington Pk Cemetery

DATE OF BURIAL 3/26/1931

20. UNDERTAKER
Perkins & Crawford Undertakers

ADDRESS 3307 Lucas av