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.

✓ 16350

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4860

Township ..... Primary Registration District No. 1002 Registered No. 4860

City St. Louis, Mo. (No. 3 Marine Hospt St. ..... Ward)

2. FULL NAME Oney Bland

(a) Residence. No. 3538 Page Ave., St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 10 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	Colored	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 129
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Steam boat

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

PARENTS

10. NAME OF FATHER Andy Bland

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Walter Schuster
(Address) 3640 Marine Ave., St. Louis, Mo.

15. FILED APR 22 1931 19 Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1930, 19..., to Apr. 21, 1931, 19..., that I last saw him alive on Apr. 21, 1931, 19..., and that death occurred, on the date stated above, at 7:50 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T.B. - bilat. far advanced. Tuberculosis 23 H (duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ..... IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Carl Smith, M. D.

4-22-31 19 (Address) 3640 Marine Ave., 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
Carlisle, Ark	4/23 1931
20. UNDERTAKER	ADDRESS
C. Hoffmeister Mt & Co	7814 S Bdway