

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **2221**, **Morgan**) St. Ward)

File No. **19578**
 Registered No. **5537**

2. FULL NAME

(a) Residence. No. **2221 Morgan** St. **21** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **Life** 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 Colored		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Madison					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29. 1897					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
34	1	11	11		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work Private 1st					
(b) General nature of industry, business, or establishment in which employed (or employer) Chauffeur					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)					
PARENTS	10. NAME OF FATHER Kellie Madison Sr				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known (STATE OR COUNTRY) SI				
	12. MAIDEN NAME OF MOTHER Mary Young				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mc Pitticks (STATE OR COUNTRY) MO. 1				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 10 1931**

17. I HEREBY CERTIFY, That I attended deceased from **May 2**, 19**31**, to **May 10**, 19**31** that I last saw him alive on **May 10**, 19**31**, and that death occurred, on the date stated above, at **6:45 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver (Alcoholic) (+ Sues)

(duration) yrs. **3** mos. ds.
 CONTRIBUTORY **Syphilis**
 (SECONDARY) (duration) **1/2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH **Life**

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Chas. E. Haver** M. D.
May 11 1931 (Address) **3156 Park Ave**

*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 Park	DATE OF BURIAL 5/14 1931
20. UNDERTAKER Peoples Und. Co.	ADDRESS 3150 Franklin

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.

14. INFORMANT **Mathie Minor**
 (Address) **2221 Morgan**

15. FILED **73453** **May 11 1931**
Ray C. Farley REGISTRAR

