

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

Do not use this space.

21674

**1. PLACE OF DEATH**

County Laclede Registration District No. 399  
 Township 7 Primary Registration District No. 1062  
 City St. Louis (No. 8, E. 5<sup>th</sup>) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2890  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1418 E 5<sup>th</sup> St. 9 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX De 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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/1931  
 22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1931, to 6-26, 1931  
 I last saw him alive on 6-26, 1931. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1853  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 5 7ish

to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 244  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Heat Prostration  
95E  
191/91  
 Other contributory causes of importance:  
Garden-Pathitis of about 2 years duration  
 Date of onset 6-20-31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sum. Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

MOTHER FATHER  
 13. NAME Sam Bookish  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT Geneva Jones  
 (ADDRESS) 1418 E 5<sup>th</sup>

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Highland DATE 6/29/31

(Signed) DM Miller, M. D.  
 (Address) 1509 E 18<sup>th</sup> St.

19. UNDERTAKER H. B. Ward  
 (ADDRESS) E. C. No

20. FILED 6/28/31 1931 M. M. Crowl  
and Registrar.

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.

WHILE FILING, WITH ONWARDING INK—THIS IS A PERMANENT RECORD

