

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

Do not use this space.

23823

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo** (No. **9214-23**)

File No.....  
Registered No. **7355**  
St. .... Ward)

**2. FULL NAME**

**James Havenport**

(a) Residence No. **9214-23** St. **H** Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>unknown</b>		
7. AGE YEARS <b>abt. 50</b>	MONTHS	DAYS
If LESS than 1 day, .....hrs. or .....min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Common Labour</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>337</b> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

<b>PARENTS</b>	10. NAME OF FATHER <b>Lot Havenport</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Georgia</b>
	12. MAIDEN NAME OF MOTHER <b>Violet Gillispie</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Mississippi</b>

14. INFORMANT **Addie Havenport**  
(Address) **9214-23 St**

15. FILED **11-21-31** **W. O. Jenkins** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1. **1**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 19<sup>th</sup> 1931**

17. I HEREBY CERTIFY, That I attended deceased from **June 19<sup>th</sup> 1931** to **June 19<sup>th</sup> 1931**, and that I last saw him alive on **June 17<sup>th</sup> 1931**, and that death occurred, on the date stated above, at **9 A. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Epilepsy cerebral**  
**1st monstage** (duration) yrs. mos. ds. **1 ds.**

CONTRIBUTORY (SECONDARY) **02A 822A** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS **Clinical Symptom**  
(Signed) **J. P. Walthall** M. D.  
, 19 (Address) **10014 Jefferson**

\*State the DISEASE CAUSING DEATH, or 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 **Farther Dickson** DATE OF BURIAL **July 2- 1931**

20. UNDERTAKER **L. V. Atkins** ADDRESS **3317 Morgan St**

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.

