

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1203
(No.) 518A S Jefferson

26617
File No.
Registered No. 7771
St. Ward)

2. FULL NAME

(a) Residence No. 518A S Jefferson Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1931

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

I HEREBY CERTIFY, That I attended deceased from June 15, 1931 to July 9, 1931 that I last saw him alive on July 8, 1931 and that death occurred, on the date stated above, at 8 3/4 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1898

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 | 10 | 17

Acute Myocarditis
(duration) yrs. 2 mos. ds.

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

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

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

18. WHERE WAS DISEASE CONTRACTED 30
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Unknown

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

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. A. G. Clark, M. D.

12. MAIDEN NAME OF MOTHER Unknown

7-10, 1931 (Address) 312 S. Jefferson

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

*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.

14. INFORMANT Mattie Lindsey
(Address) 2730 Clark Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL 7/20 1931

15. FILED JUL 13 1931 REGISTRAR

20. UNDERTAKER Al Russell and Co ADDRESS 2732 Pine 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.

Dr. C. W. F.

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