WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

27022

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8227

City St Louis (No. City Hospital St. ..... Ward)

3771

2. FULL NAME Joe Myrick

(a) Residence, No. 1137 So. 6th St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6th - 1911

7. AGE: YEARS 19 MONTHS 9 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Allen Myrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Lula Moss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Information Place Kopp City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew DATE July 29, 1931

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand

20. FILED JUL 28 1931 19 Max C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1931, to July 27th, 1931
I last saw him alive on July 27th, 1931. Death is said to have occurred on the date stated above, at 7:35 A.M.
The principal cause of death and related causes of importance were as follows:

23A Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

23

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify F. M. Macnish
(Signed) ....., M. D.
(Address) City Hospital

Myrick