

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

Do not use this space.

27179

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1803**

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

File No.....

Registered No. **8477**

St. Ward)

2. FULL NAME

(a) Residence, No. **Ralph Milan** St. **19** Ward.

(Usual place of abode) **Sumner Hotel**

(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

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 16-1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, **3** hrs. or **5** min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

mil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

St. Louis Missouri

13. NAME

not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

known

15. MAIDEN NAME

Frances Milan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dallas Texas

17. INFORMANT (ADDRESS)

Hospital information - City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE **DOTY'S FIFTH** DATE **8-6-31**

19. UNDERTAKER (ADDRESS)

Shannon 1425 basal

20. FILED

AUG -5 1931

Wm. C. Harlan

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 16, 1931

22. I HEREBY CERTIFY (that I attended deceased from

July 16, 1931, to July 16, 1931)

I last saw **him** alive on **July 16, 1931**. Death is said

to have occurred on the date stated above at **7:00 a.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

**Prematurity
159 7 1/2 months**

Other contributory causes of importance:

Name of operation **Clinical** Date of **no**

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

(Signed) **Francis Johnson**, M. D.

(Address) **City Hospital**

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.

