

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

Do not use this space.

29553

**1. PLACE OF DEATH**

County..... Registration District No. **791**

Township..... Primary Registration District No. **1008**

City **St. Louis** (No. **3420**, **Laclede**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **8577**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. **3420 Laclede** St., **18** 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**

3. SEX **Male** 4. COLOR OR RACE **Colored** 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) **June 20 1882**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>49</b>	<b>1</b>	<b>17</b>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Labour**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Pullman Blacksmith Shop**  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN), **Senatobia Missy**  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER **Wm Russell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN), **Tenn**  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER **Mary Jordan**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), **Ga**  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT **Estell Russell**  
(Address) **3420 Laclede**

15. FILED **AUG -8 1931** **May O'Hanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 7 1931**

17. I HEREBY CERTIFY, That I attended deceased from **5-6-31** 19 to **8-7-31** 19 that I last saw him alive on **8-6-31** 19, and that death occurred, on the date stated above, at **6.50 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pulmonary tuberculosis**  
**23A**  
(duration) yrs. **4** mos. ds.

CONTRIBUTORY (SECONDARY) **none**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **St Louis**  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Examination**  
(Signed) **W. H. Grovesman** M. D.  
**8-7-31** (Address) **1506 St Louis**

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Father Dickson** DATE OF BURIAL **8/9 1931**

20. UNDERTAKER **Manual Undertaking Co** ADDRESS **4059 Jimmy**

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.

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