

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

Do not use this space.

29578

1. PLACE OF DEATH

County..... Registration District No. **781**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **City Hosp # 2**) St. Ward)

File No.
Registered No. **8602**

2. FULL NAME

~~John George Furner~~
(a) Residence, No. **2039 Walnut** St., **22** Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-23-1892</i>				
7. AGE	YEARS <i>38</i>	MONTHS <i>8</i>	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Common</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Suburban</i>			
	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) <i>Memphis Tenn.</i>				
FATHER	13. NAME <i>John Furner</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Memphis Tenn.</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Memphis Tenn.</i>			
17. INFORMANT (ADDRESS) <i>Rosie Simmons 2038-4 Walnut St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>8/10</i> 19 <i>31</i>				
19. UNDERTAKER (ADDRESS) <i>A. S. Best and Co. 2222 Olive St.</i>				
20. FILED <i>AUG -9 1931</i>				

MEDICAL CERTIFICATE OF DEATH

1 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Aug. 8, 1931*

22. I HEREBY CERTIFY That I attended deceased from *No Physician in Attendance* 19*31* to *1931*

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Stab Wound, Chest
174 Lee Best

Other contributory causes of importance:
Homicide

Name of operation..... Date of.....
174

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, assault or homicide?..... Date of injury *8-7, 1931*
Where did injury occur?..... *St. Louis, Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Stab Wound*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
Signed *J. W. Ferner*, M.D.
(Address) *Dep. Coroner*

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.

RECORD

