

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

Do not use this space.

38141

1. PLACE OF DEATH

County St. Louis
Township Washington
City St. Louis (No.)

Registration District No. 46
Primary Registration District No. 3024

File No. 87
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St., 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 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) Nov. 19 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 22 22 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer business
10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation. 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

MOTHER 13. NAME W. H. Meadows

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellicoe Creek Ky.

15. MAIDEN NAME Anna White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellicoe Creek Ky.

17. INFORMANT (ADDRESS) Luther DeWallery
Wallers Creek Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilkesburg Ky. DATE 1931

19. UNDERTAKER (ADDRESS) Spurthill

20. FILED Nov 23 1931 W. H. Meadows Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1931 to Nov 11th 1931

First saw him alive on Nov 11th 1931 Death is said

to have occurred on the date stated above, at 3:30 m.

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

Croupus pneumonia
108
108
Other contributory causes of importance

Name of operation..... 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 No

(Signed) W. H. Meadows M. D.

(Address) St. Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FEDERAL REQUIREMENT

