

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

Do not use this space.

35719

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township..... Primary Registration District No. 3026
City St. Charles 1225 Olive St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence No. 1225 Olive 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1928</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>4</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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)

FATHER 13. NAME James Dumas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER 15. MAIDEN NAME Sonia Savish
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

17. INFORMANT James Dumas Jr
(ADDRESS) 1225 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lab. Greenbaum DATE Dec. 2 1931

19. UNDERTAKER H. Ballinger
(ADDRESS) 700 W. 2nd St. St. Charles, Mo.

20. FILED 12/4 1931 W. B. Bloebaum
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931, to Nov 30 1931.
I last saw him alive on Nov 30 1931. Death is said to have occurred on the date stated above, at 12:08 p.m.

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

Syphilis
34
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Chaperon 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 febrile
(Signed) W. B. Bloebaum M. D.
(Address) St. Charles

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 PERMANENT RECORD

DEC 26 1931

