

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

Do not use this space.

39356

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. *St. Marys Infirmary*)..... St. Ward)

File No.
Registered No. **11545**
St. Ward)

2. FULL NAMES

(a) Residence, No. *1117 No. 7²* St., *25* 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 *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 *1*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *About 65*

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

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) *Not known* 11. Total time (years) spent in this occupation *Not known*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Ed. Tompkins* (ADDRESS) *1217 No. 6²*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *Nov. 19 1931*

19. UNDERTAKER *Benedict Hughes* (ADDRESS) *1138 No. 6²*

20. FILED *11-17-31* (19 *31*) *Wm. C. Parley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-17*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 26*, 1931, to *11-17*, 1931. I last saw him alive on *11-17*, 1931. Death is said to have occurred on the date stated above, at *1:15* p. m.

The principal cause of death and related causes of importance were as follows:
Acute nephritis
Broncho pneumonia
Prostatic abscess
Cause unknown

Date of onset
11-1-31
11-16-31
11-1-31

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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? *no*
If so, specify.....
(Signed) *R. H. Stevens*, M.D.
(Address) *6420 Clayton Rd.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

