

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

Do not use this space.

42996

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital #1)

File No.....
Registered No. 29
St. Ward)

2. FULL NAME

(a) Residence, No. 3016 Boston Ave. St. 11 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>alt 51</u>	<u>✓</u>	<u>✓</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Chemist</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Sayman Soap & Chemical</u>
	10. Date deceased last worked at this occupation (month and year)	<u>13 yrs.</u>
11. Total time (years) spent in this occupation		<u>12/2/3</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT (ADDRESS) <u>J. W. Carver, 11 known office</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>1/2</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Frederick Bros 26 W. Charlotte St</u>		
20. FILED <u>1 JAN 2 1932</u> <u>W. J. Carver</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1931

22. No **HEREBY CERTIFY**, That I attended deceased from Physician in attendance, 1931, to 1931, 1931.

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1250 in.

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

lobar pneumonia following injury received from a fall from a scaffold

Other contributory causes of importance:
Homicide

1931 Sharp Canton

1931 Homicide

1931 Homicide

Names 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? St. Louis, Mo. Date of injury 12-20, 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.
Public place

Manner of injury... Attracted with sharp lead
Nature of injury... lobar pneumonia

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. W. Carver (Signed) Def. Coroner (Address)

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.

MARGIN RESERVED FOR BINDING

V. S. 6. Z.

