

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

Do not use this space.

3008

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. Louis Primary Registration District No. 5008
City St. Louis (No. 3984) Papin

File No.....
Registered No. 737
St..... Ward)

2. FULL NAME

Theodore Townsend
(a) Residence, No. 3984 Papin St., 18 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 Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willette Townsend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5/1898

7. AGE YEARS 33 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 289

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) St. Louis, Mo

FATHER 13. NAME Solomon Townsend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Gertrude Wyatt

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Willette Townsend

(ADDRESS) 3984 Papin St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Cemetery DATE 1-23-1932

19. UNDERTAKER Al Russell and Co

(ADDRESS) 2731 Pine

20. FILED 23 10 1932 Max C. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 18, 1932, to Jan 19, 1932. I last saw him alive on Jan 18, 1932. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Valvular Heart Disease Dec 31
92A
Other contributory causes of importance: 92A

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 1932
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 Dammed & Stuffed
(Signed) 925 N. Jefferson, M. D.
(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.

