

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

Do not use this space.

3213

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....) St. .... Ward.....

Registration District No. 791  
Primary Registration District No. 1003  
City Hospital 2

File No. ....  
Registered No. 985 St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 2145 Clark St., 22 Ward.

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Col 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) 9-26-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 3 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237  
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) Ark 2

FATHER  
13. NAME Ed. Collins

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

MOTHER  
15. MAIDEN NAME Agie Johnson

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

17. INFORMANT (ADDRESS) A. Blumhardt Death City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 1-25 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Ridge St

20. FILED 29 1932 19 Max Costantini Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1931 to 1-20 1932

I last saw him alive on 1-20 1932 Death is said

to have occurred on the date stated above, at 12:30 m.  
The principal cause of death and related causes of importance were as follows:

23A  
Pulmonary Tuberculosis  
Other contributory causes of importance: B 1

Name of operation..... Date of.....  
What test confirmed diagnosis? Tuberc. test 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.....

(Signed) W. Richter M. D.  
(Address) City Hospital 2

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.

