

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

Do not use this space.

6377

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1771
City St Louis (No. 110 Baptist Hosp.)

File No.....
Registered No. 1410
St..... Ward.....

2. FULL NAME

(a) Residence, No. St. 12 Ward. Dixon 110
(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Milton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19 - 1897</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>3</u>
	DAYS <u>23</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>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year)	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 12, 1932
I last saw him alive on Feb 12, 1932. Death is said to have occurred on the date stated above, at 8⁰ m.
The principal cause of death and related causes of importance were as follows:

Nephritis Chronic

Date of onset
Feb 1931

Other contributory causes of importance:

Name of operation None Date of no
What test confirmed diagnosis? laboratory 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? no
If so, specify

(Signed) J. E. Glenn, M. D.
(Address) 95-8th Arcade Bldg.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>
	13. NAME <u>John Milton</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Nancy Douglas</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> <u>31</u>
	17. INFORMANT (ADDRESS) <u>Rose Milton</u> <u>Dixon Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dixon Mo</u> DATE <u>Feb 14</u> , 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>Amphnat Burial Co</u> <u>1234 N. 1st St. St. Louis</u>
	20. FILED: <u>8</u> <u>13</u> 19 <u>32</u> <u>W. C. Hartley</u> Registrar.

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

