

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1002**  
City **St Louis** (No. **2821**, **Clark Ave**)..... St. .... Ward)

File No. ....  
Registered No. **1634**.....

**2. FULL NAME** **Samuel Toran**

(a) Residence, No. **2821 Clark Ave**, St. **22** 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 **male** 4. COLOR OR RACE **Col'd** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hinda Toran**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**43 8 4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Checker 253**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Shoe Factory**  
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) **Missouri**

MOTHER FATHER 13. NAME **Sam Toran**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **W. Va.**

15. MAIDEN NAME **Mary Matthews**

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

17. INFORMANT (ADDRESS) **Hinda Toran 2821 Clark Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **Feb. 21, 1932**

19. UNDERTAKER (ADDRESS) **J. H. Harrison 2906 Lambert**

20. FILED **FEB 19 1932** Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 14, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **2/5** to **2/14**, 19**32**. I last saw him alive on **2/14**, 19**32**. Death is said to have occurred on the date stated above, at **11 P. M.**  
The principal cause of death and related causes of importance were as follows:

**Pulmonary Tuberculosis 6 mo.**  
**Diabetes Mellitus 1 yr**

Name of operation **no** Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 **(D)**

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) **J. H. Harrison** M. D.  
(Address) **2906 Lambert**

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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

