

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

Do not use this space.

6809

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1000
City St. Louis Mo (No. City Hospital 2)

File No.
Registered No. 1888
St. Ward)

2. FULL NAME

(a) Residence, No. 2918 Hickory St. Ward 18
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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>Col</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>Marion Dutt</u> | | |
| 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-15-1866</u> | | |
| 7. AGE | YEARS <u>65</u> | MONTHS <u>7</u> |
| | DAYS <u>5</u> | IF LESS than 1 day, hrs. or min. |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>Labourer 237</u> |
| | 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) Mass 2

MOTHER FATHER 13. NAME John Dutt

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

15. MAIDEN NAME Mary Jones

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

17. INFORMANT Gertrude Death
(ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE Feb-28 1932

19. UNDERTAKER W. H. Hughes
(ADDRESS) 2030 Garden

20. FILED W. C. Winkler
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1932 to 2-20-32

I last saw him alive on 2-20-32 1932 Death is said to have occurred on the date stated above, at 1 1/2 m.

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

93C

Date of onset

Chrom Myocarditis

Other contributory causes of importance:

93C

Name of operation Date of 20

What test confirmed diagnosis? Was there an autopsy? 20

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 ①

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Smith M. D.

(Address) City Hospital 2

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.

