

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.

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

Do not use this space.

6979

**1. PLACE OF DEATH**

County ..... Registration District No. 785  
 Township ..... Primary Registration District No. 1000  
 City St. Louis no. 1 (No. City Hospital 2)

File No. ....  
 Registered No. 2404  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2650 Morgan St., 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-19-1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>7</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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 no. 1

MOTHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Willie Fields ne Benton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

17. INFORMANT A Gertrude Creath (ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE 3-17-1932

19. UNDERTAKER (ADDRESS) City Hospital 2

20. FILED City Hospital 2 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1932 to 2-26-1932. I last saw him alive on 2-26-32. Death is said to have occurred on the date stated above, at 6 a.m.

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

Date of onset

Intussusception

Other contributory causes of importance:  
122 B

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

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 D

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Chris Smith M. D.  
 (Address) City Hospital 2

