

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 3
 Township St. Louis Primary Registration District No. 179
 City St. Louis (No. 179, Madison) St. 3 Ward)

File No. 8341
 Registered No. 918

2. FULL NAME

(a) Residence No. 1741 Madison St. 3 Ward.

(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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jonella Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1889

7. AGE YEARS 43 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dickens 157

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) Alabama

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jonella Patterson

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lane DATE Mar 5, 1932

19. UNDERTAKER (ADDRESS) W. H. Bruce

20. FILED 3/4 1932 M. M. Conroy Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1932, to 3-2, 1932
 I last saw him alive on 3-2, 1932 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Solar Pneumonia
108 108
 Other contributory causes of importance: ①

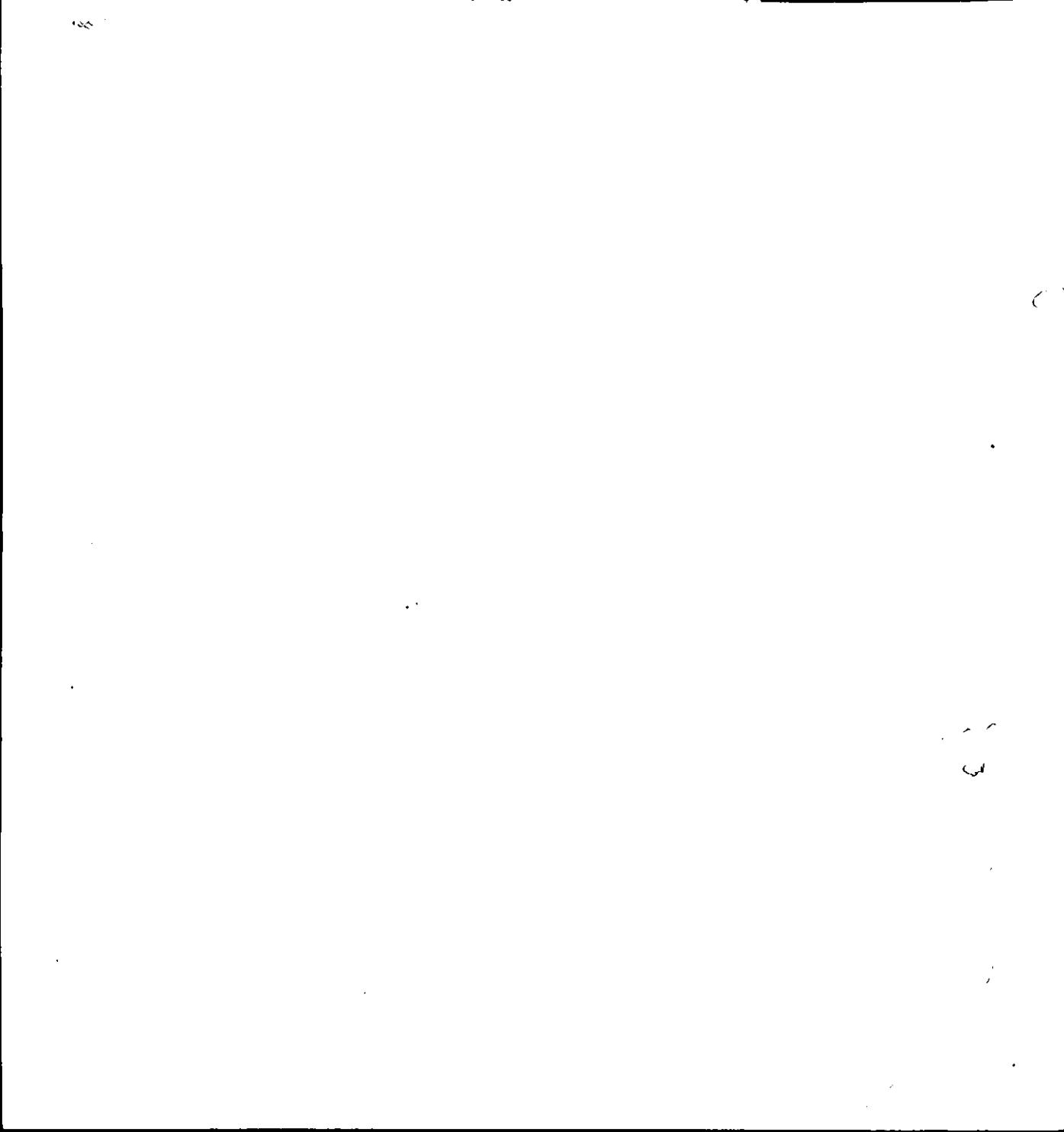
Name of operation no op Date of no
 What test confirmed diagnosis? Sub. Phys. Was there an autopsy? no

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) W. H. Bruce, M. D.

(Address) 3122nd Street



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City K. City (No.....)

Registration District No. 399
Primary Registration District No. 1002

File No.....
Registered No. #913
St..... Ward.....

2. FULL NAME

(a) Residence, No. St., Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1888
7. AGE YEARS 43 MONTHS 2 DAYS 7 If LESS than 1 day,hrs. ormin.

Date of onset

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.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME.....
14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER 15. MAIDEN NAME.....
16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS).....

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE.....19.....

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

19. UNDERTAKER (ADDRESS).....

If so, specify..... (Signed)....., M. D.

20. FILED 3/4 1932 M. M. Towrey Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

CRUISE OF DEATH IN THIS STATE, SO THAT IT MAY BE PROPERLY REGISTERED.

1488-5