

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

Do not use this space.

10328

File No. _____
Registered No. **2350**

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **City Hospital #2**)

2. FULL NAME

(a) Residence, No. **1427 Chapin** St. **32** Ward.

Length of residence in city or town where death occurred yrs. **1** mos. **22** 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-17-1932**

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

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. **ml**
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 Mo**

13. NAME **Wm Scott**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Cambie Stockard**

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **3/11/32**

19. UNDERTAKER (ADDRESS) **Peoples Fund Co. 3100 Grandview Ave. #1**

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-9-1932**

22. I HEREBY CERTIFY, That I attended deceased from **2-28**, 19**32**, to **3-9-32**, 19**32**

I last saw him alive on **3-9-32** at **2:50 p.m.** 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:

107A **Acute Bronchopneumonia (non tubercular)**
Other contributory causes of importance: **Primary**
107A

Name of operation _____ Date of _____
What test confirmed diagnosis? **107A** 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? _____
If so, specify _____

(Signed) **C. Smith**, M. D.
(Address) **CITY HOSP No. 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.

Registrar.

