

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

Do not use this space.

10489

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **2735**, **Eugenia**) St. Ward)

2. FULL NAME

(a) Residence, No. **2733 Eugenia** 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 **Negro** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dora Toran**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4/19-1887**
 7. AGE YEARS **44** MONTHS **10** DAYS **25** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **237**
 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) **mo. 1**

FATHER 13. NAME **Ely Toran**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown, 31**

MOTHER 15. MAIDEN NAME **Susan Perkins**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **mo. 1**

17. INFORMANT (ADDRESS) **Dora Toran 2733 Eugenia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Alton Hill** DATE **3/17/32**

19. UNDERTAKER (ADDRESS) **Russell & Co. 97 3/2 Eugenia St.**

20. FILED **17 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/14**, 19**32**
 22. I HEREBY CERTIFY, That I attended deceased from **3/14**, 19**32**, to **3/14**, 19**32**
 I last saw him alive on **3/14**, 19**32**. Death is said to have occurred on the date stated above, at **5:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) 1 yr
99%
 Other contributory causes of importance:
(1) P.B.C.

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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **no**
 (Signed) **E. J. Taylor**, M. D.
 (Address) **3136 Chautau**

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.

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