

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

Do not use this space.

18007

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *Barraud S. Lower Hope*)

File No.....
Registered No. *4976*
St. Ward)

2. FULL NAME

(a) Residence, N.
(Usual place of abode) *21 Ward. 2215 N. S. Rd. St. Louis Co. Mo.*
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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 26 1876</i>		
7. AGE	YEARS <i>55</i>	MONTHS <i>5</i>
	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer 237</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>unknown</i>	
	10. Date deceased last worked at this occupation (month and year) <i>unknown</i>	
	11. Total time (years) spent in this occupation <i>unknown</i>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May, 21st 1932*

22. I HEREBY CERTIFY, That I attended deceased from *0 21* 19*31*, to *May 21* 19*32*.

I last saw him alive on *May 21* 19*32*. Death is said to have occurred on the date stated above, at *5 A. m.*

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

Other contributory causes of importance:
47A 47B

Date of onset *1920*

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

FATHER

13. NAME *W. S. Tombs*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

MOTHER

15. MAIDEN NAME *Mary S. Dicks*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Mary S. Tombs 2215 N. S. Rd.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Louis Mo* DATE *5-23-32*

19. UNDERTAKER (ADDRESS) *Barraud Brothers and Co. 2504 Woodson Ave. St. Louis Mo*

20. FILED *MAY 23 1932*

Registrar.

Name of operation *Laryngectomy* Date of *Nov. 9 1931*

What test confirmed diagnosis? *Microscopic* 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) *F. M. Hedgocock* M. D.
(Address) *3427 Washington ave*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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