

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo* (No.....)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **18294**
Registered No. **5281**
St. Ward)

2. FULL NAME

(a) Residence, No. *1120 W. Sarah St.*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *17* yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Man* 4. COLOR OR RACE *Coloured* 5. SINGLE, MARRIED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *never*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 13, 1890*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
<i>62</i>	<i>2</i>	<i>18</i>	<i>18</i>	hrs. or

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self 235*

10. Date deceased last worked at this occupation (month and year) *5/31-32* 11. Total time (years) spent in this occupation.....

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

13. NAME *William H. Hite*

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

15. MAIDEN NAME *Mary G. Hybottom*

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

17. INFORMANT (ADDRESS) *Jermid Thompson 11120 W Sarah*

18. BURIAL, CREMATION, OR REMOVAL PLACE *E. St Louis* DATE *June 2, 1932*

19. UNDERTAKER (ADDRESS) *C. T. Marshall 11120 W Sarah St.*

20. FILED *LV -- 5 1932* *Mar 6 Starker*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/31, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 26, 1932, to 5/31, 1932*
Last seen alive on *5/29/32* 19 *32* Death is said to have occurred on the date stated above, at *8A* m.

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

Sudden heart failure with Chr. Mitral stenosis Date of onset

Other contributory causes of importance *96 yrs old*
Arteriosclerosis (large) ①

Name of operation..... Date of.....
What test confirmed diagnosis? *Physician* 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? *No*

If so, specify..... (Signed) *J. P. Breerton*

(Address) *2538 Mar 6 St*

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.

