

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

Do not use this space.

21447

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis Mo (No. City. Has. #2) St. Ward

File No.
 Registered No. 6012
 St. Ward

2. FULL NAME

(a) Residence, No. 2905 Morgan St., 21 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 Male 4. COLOR OR RACE cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
abt. 36 - - - - -

OCCUPATION
 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. laborer 237
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
173

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

FATHER
 13. NAME Jabessia Morton

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

MOTHER
 15. MAIDEN NAME Zula Laster

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

17. INFORMANT (ADDRESS) Ira Morton
2835A Danville St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon Ave DATE 6/30 1932

19. UNDERTAKER (ADDRESS) Ellis Funeral Home
2820

20. FILED 11 26 1932 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1932

22. I HEREBY CERTIFY, that I attended deceased from No Physician in Attendance

I last saw him alive on 6:30 P. Death is said to have occurred on the date stated above, at 6:30 P.

The principal cause of death and related causes of importance were as follows:
Gun Shot Wound Head Date of onset

Other contributory causes of importance:
173 Homicide

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? St. Louis Mo. Date of injury 6-25, 1932
 Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot with Revolver
 Nature of injury Gun Shot Wound Head

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Drug Use

(Signed) J. W. ... Registrar
Dep. Comm.

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.

