

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

Do not use this space.

21546

File No. 6114  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 1670:3  
City St. Louis Mo. (No. City, Precinct & Ward) 19th Ward

**2. FULL NAME**

(a) Residence, No. 2831 Chestnut St. 19th Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 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**

3. SEX Male	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Senora Barksdale		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1899		
7. AGE YEARS 33	MONTHS 3	DAYS 12
If LESS than 1 day, _____ hrs. or _____ min.		
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. Porter 245	
	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) Missouri		
FATHER	13. NAME James Barksdale	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Isabelle King	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) Hertude Creath City Hospital #2		
18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Springs Mo. July 3 1932		
19. UNDERTAKER (ADDRESS) J. B. Thomas 311192 J. B. Thomas		
20. FILED JUN 30 1932 19 _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1932  
22. I HEREBY CERTIFY, That I attended deceased from 3-17 1932 to 6-29 1932  
I last saw him alive on 6-29 1932 Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Chronic myocarditis  
Other contributory causes of importance:  
930  
J. B. Thomas

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? The Sub. 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. D. Smith, M. D.  
(Address) C. D. Smith, M. D. 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.

