

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

Do not use this space.

24251

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 2000
 City St. Louis, MO (No. 2744) Lucas Ave St. _____ Ward _____

File No.
 Registered No. 6366
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2744 Lucas St. 7 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 Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1877-4-2
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Miss

MOTHER 13. NAME Henry Berry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 15. MAIDEN NAME Ida Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss

17. INFORMANT Berry
 (ADDRESS) 2744 Lucas Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 11 1932

19. UNDERTAKER A. J. Bell & Co.
 (ADDRESS) 2744 Lucas Ave
 20. FILED JUL 11 1932 W. J. Morgan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1932
 22. I HEREBY CERTIFY That I attended deceased from July 1 1932 to July 7 1932
 I last saw him alive on July 7 1932 Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
AKA stroke
191
102
 Other contributory causes of importance:
Heart Protrusion
High Tension
 Date of onset _____

Name of operation None Date of _____
 What test confirmed diagnosis? Physical exam & x-rays Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. J. Morgan, M. D.
 (Address) 2807 Morgan

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.

