

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. *580L*

Township.....

Primary Registration District No. *251072*

City.....

(No. *City Hospital 2*)

24506

File No.

Registered No. **6638**

St.

Ward.....

2. FULL NAME

(a) Residence, No. *3142 Sheldons St.*

(Usual place of abode)

N 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

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

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-

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Cook 23 1/2

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

Mo

FATHER

13. NAME

Fred Roberts

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

Mo

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown 31

17. INFORMANT (ADDRESS)

A. P. Roberts, Death Registrar, City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father's Disposal 7-20 31

19. UNDERTAKER (ADDRESS)

James & Tanner, 217 34, Hospital 2

20. FILED

W. C. Stanley, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-13* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *5-18* 19*32* **to** *7-13* 19*32*

I last saw him alive on *7-13* 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:

46B

Date of onset

Cancer of Stomach

Other contributory causes of importance:

46B 1

Name of operation..... Date of.....

What test confirmed diagnosis? *Cholera* 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) *Henry C. Hampton*, M. D.

(Address) *City Hospital 2*

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

