

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

Do not use this space.

27540

**1. PLACE OF DEATH**

County ..... Registration District No. 497  
Township ..... Primary Registration District No. 6853  
City St. Louis MO (No. 36079) Thomas

File No. ....  
Registered No. 7855  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 36079 Thomas St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE col 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/6/1905  
7. AGE YEARS 26 MONTHS 8 DAYS \_\_\_\_\_ If LESS than 1 day, ..... hrs. or ..... min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-1932  
22. I HEREBY CERTIFY, That I attended deceased from 8-6-1932 to 8-6-1932  
I last saw h. in. alive on Aug 6, 1932. Death is said to have occurred on the date stated above, at 10:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Acute Indigestion  
Other contributory causes of importance: (1)

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Miss  
13. NAME Luke Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
15. MAIDEN NAME Annie Morrison  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Medical Examination

17. INFORMANT Annie Miller (ADDRESS) 36079 Thomas St  
18. BURIAL, CREMATION, OR REMOVAL Washington Park DATE Aug 8. 11. 1932

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.

19. UNDERTAKER Dunn Bros (ADDRESS) 215 Jefferson Ave.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED AUG 10 1932 Max C. Starker Registrar

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. L. Hilder, M. D.  
(Address) 36079 Thomas

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.

1911

PHYSICIAN

AGREEMENT

1. B. H. H. H. H.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 791  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 7355-

**2. FULL NAME** George Brown

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Div</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		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.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>1022</u> 19 <u>Mar 21 1911</u> Registrar <u>[Signature]</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute indigestion from eating sweet potatoes & cabbage. Information given over phone by Dr. J. L. Weller, Div. of W. S. 110-16-32

Date of onset \_\_\_\_\_

Other contributory causes of importance: 118

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-27540