

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

Do not use this space.

27952

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 706  
(No. 4708 M<sup>e</sup> Pherson ave. St. .... Ward)

File No.....  
Registered No. 7833

**2. FULL NAME**

(a) Residence, No. 4708 M<sup>e</sup> Pherson ave Ward 12  
(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 Male 4. COLOR OR RACE White 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) Oct 31, 1885  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 209  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

MOTHER FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " SI  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Joey Bennett (ADDRESS) 3619 Lindell Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug 29, 1932

19. UNDERTAKER Wagoner (ADDRESS) 3619 Lindell Blvd

20. FILED AUG 27 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25 1932  
22. I HEREBY CERTIFY, That I attended deceased from Nephew Swan in at St. Louis Mo. 1932  
I last saw him alive on at St. Louis Mo. said to have occurred on the date stated above, at 7:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Coronary Sclerosis  
94 B  
Other contributory causes of importance:  
94 B  
Name of operation ..... Date of .....  
What test confirmed diagnosis? (5) (7) Was there an autopsy? yes

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 ..... X

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) T. J. W. W. R. O. S. M. D.  
(Address) St. Louis

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.

