

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

✓ Do not use this space.

28029

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City: St. Louis (No. City Hospital A2) St. Ward)

2. FULL NAME

(a) Residence, No. 1333 Lucas St., 25 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt 35</u>	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. <u>Highway</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer #13</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	11. Total time (years) spent in this occupation <u>unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harden Co. 2 Tennessee</u>		
MOTHER FATHER	13. NAME <u>Ke. Wendell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harden Co. Tennessee</u>	
	15. MAIDEN NAME <u>Lizzie Wiloby</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harden Co. Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Blair Wendell 476 S. 8th St. Madison, Ky</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Washington Park 31 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Peoples Fund Co 31 00 Franklin St 1932</u>		
20. FILED 19..... 1932 Registrar		

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 - 1932

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

I last saw h..... alive on..... 10, 19..... Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:
23A 215 (7)

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 no injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) [Signature] (Address) 530 10th Ave

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.

