

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

Do not use this space.

**32169**

**3685**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township East Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 1915 Monroe) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1915 Monroe St., 11 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 <u>M.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Joiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 - 1850</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salt Lutter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fisco P.R.</u>	
	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) <u>Ohio</u>		
MOTHER	13. NAME <u>Ransom Joiner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>As record</u>	
	15. MAIDEN NAME <u>Phadilla</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>As record</u>	
17. INFORMANT (ADDRESS) <u>Mattie Joiner</u> <u>1915 Monroe</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monroe Park</u> DATE <u>10-4</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. J. Foster</u> <u>St. Louis</u>		
20. FILED <u>10/11</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Asst. Registrar</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1- 1932

22. I HEREBY CERTIFY, That I attended deceased from for the past 27 years, 1905  
I last saw him alive on May 12, 1932. Death is said to have occurred on the date stated above, at 1092 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
(asphyxiated dead)  
930  
1092  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Old age

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) W. M. Davis, M. D.  
(Address) 2400 e. miss

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.

WRITE PLAINLY, WITH CARE

