

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

Do not use this space.

34070

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1021st, Q 7 allon) St. Ward)

File No.
Registered No. 9423
St. Ward)

2. FULL NAME

(a) Residence, No. 1021st - Q 7 allon St., 25 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 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>W</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>Cora Butler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-13-1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>0</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>Minister</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>199</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>7 bronze ave 2</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Cora Butler 1021st - Q 7</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Oct 24th 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. J. Blah 1115 S. 2nd St. St. Louis Mo.</u>		
20. FILED <u>Oct 24 1932</u> <u>W. C. Starnes</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14, 1932

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1932, to Oct. 14, 1932
I last saw him alive on Oct. 16, 1932. Death is said to have occurred on the date stated above, at 6:12 a.m.

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

Pulmonary Tuberculosis
2 1/2
11 1/2
53
Date of onset 6 months ago.

Other contributory causes of importance:
La grippe (1)

Name of operation Date of
What test confirmed diagnosis Results 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

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify:
(Signed) J. A. Flowers, M.D.
(Address) 1711 N. 10th St.

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.

