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.

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

Do not use this space.

37686

File No. 10380

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. CityHospital St. Ward)

Registration District No. 791

Primary Registration District No. 2003

#13857

2. FULL NAME Robert Motts

(a) Residence, No. 818 Angelica St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) Dec. 30th, 1889

7. AGE: YEARS 42 MONTHS 10 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

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) St. Louis Missouri

FATHER

13. NAME Barney Motts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER

15. MAIDEN NAME Augusta Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

Hospital Information

17. INFORMANT (ADDRESS) Grace Kopp CityHospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Nov. 26 1932

19. UNDERTAKER (ADDRESS) Math. Hermann and Son 4161 East Fair Ave

20. FILED NOV 23 1932 Max C. Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14th, 1932, to Nov. 23rd, 1932

I last saw him alive on Nov. 23rd, 1932. Death is said to have occurred on the date stated above, at 4.30 A.m.

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

	Date of onset
Peritonitis caused by perforated Gastric Ulcer	11-14-32
111A 179 111B 1170	
Other contributory causes of importance: Hypostatic Pneumonia	11-19-32

Name of operation Repair of perforation Date of 11/14/32

What test confirmed diagnosis? Clinical 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature], M. D.

(Address) CityHospital

Motte