

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

Do not use this space:

42504

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1002
City Hospital #2

File No.....
Registered No. 11645
St. Ward)

2. FULL NAME

(a) Residence, No. 217 Valencia, 25 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 46

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

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) Alabama

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Sweeney, Corner Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Rollers Field DATE 12/20 1932

19. UNDERTAKER (ADDRESS) Wm C McPhoull, 217 Valencia Ave

20. FILED LFC 217 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance 19 to 19

I last saw h. alive on 10-5-32 Death is said to have occurred on the date stated above, at 10-5-32

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

Lobar Pneumonia Date of onset 10/10/32

Other contributory causes of importance: 7

Name of operation Date of 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 No Injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. Sweeney, M. D.

(Address) Deputy Coroner

12/21/32

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.

