

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

Do not use this space.

7055

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Casson Road (No. _____) St. _____ Ward)

Registration District No. 784
Primary Registration District No. 3060

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1800 Kinloch Park, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/22/1932
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

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

Child was severely burned 2nd & 3rd degree burns about head face & neck, arms & hands. Caused by home catching fire & being totally destroyed. Burned by child's playing with burning paper. Child tried about 5 hrs after being burned. Jury pending. The jury found the deceased caused his death through accident by fire.
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
13. NAME Harry Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northwest Tenn
15. MAIDEN NAME Gae Fleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

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)

17. INFORMANT (ADDRESS) Harry Young
South Kinloch
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3/1 1933
19. UNDERTAKER (ADDRESS) Paul English
293 Pecos Ave
20. FILED 3-8 1933 Emma J. Harlow Registrar

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Jake B. Timmons, M. D.
Address 3718 Jennings Rd.
St. Louis, Mo.

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.

MAR 31 1933

