

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

Do not use this space.

11268

1. PLACE OF DEATH

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

Registration District No. 791

Primary Registration District No. 1003

(No. 6624, S. Broadway)

File No.

Registered No. 2322

St. Ward)

2. FULL NAME

(a) Residence, No. 6624, S. Broadway, 1 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 32 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 C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mable Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1900

7. AGE YEARS 32 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

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. Coltrij

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, Mo.

13. NAME Isaac Blackwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Sarah Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Sarah Cunningham 6624 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE 19. UNDERTAKER (ADDRESS) Oliver C. Pettis 3038 Beech

20. FILED MAY 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 33, 19. Death is said

to have occurred on the date stated above, at 10 P. M.

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

Chronic Myocarditis

Chronic Interstitial Nephritis

Other contributory causes of importance:

131 131

(Name of operation) Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Sarah C. Pettis M. D.

(Address) Deputy Registrar

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