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

Do not use this space.

18131

File No. 18131

Registered No. 4337

**1. PLACE OF DEATH**

County .....

Township .....

City St. Louis (No. 4925, Lexington ave St. ..... Ward)

Registration District No. 701

Primary Registration District No. 1003

**2. FULL NAME** Harry Benjamin Mott.

(a) Residence, No. ..... St., 6 Ward.
(Usual place of abode) (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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Erna C. Mott.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1889.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 44 | 3 | 7 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Mara Heating Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME John N. Mott.

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

MOTHER

15. MAIDEN NAME Mary Horner.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham Ill.

17. INFORMANT Mrs E C Mott (ADDRESS) 4925 Lexington ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Fridens Cemetery DATE May 19 1933

19. UNDERTAKER Mr. M. Johnnagher (ADDRESS) 4854 Natural Bridge ave

20. FILED MAY 17 1933 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 - 23 - 1933, to 5 - 16 - 1933

I last saw h... alive on 5 - 16 - 1933 Death is said to have occurred on the date stated above, at 7 45 a.m.

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

| | Date of onset |
|---|---|
| Myocarditis - Luetic | |
| Bilirubinemia | |
| 93% | |
| 1.95 | |

34

Other contributory causes of importance:

Cerebrophrotis
Hepatitis
Bronchialized Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Wa-ts 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) Neal Hamlett, M. D.

(Address) 5964 Delmar

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.