

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

Do not use this space.

**19821
2536**

1. PLACE OF DEATH

County Registration District No. 399
Township Primary Registration District No. 1004
City (No. St. Joseph Hospital #2) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Jennie Durham St. Ward

(Usual place of abode) 1625 W. 28th 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd, 1888

7. AGE YEARS 44 MONTHS 8 DAYS If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 17

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) Miss

13. NAME Eli Durham

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

15. MAIDEN NAME Julia Cook

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

17. INFORMANT Eli Durham

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/19 '33

19. UNDERTAKER (ADDRESS) Shocking Bros

20. FILED June 18, 1936 M. J. Jerome Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from St. Joseph Hospital, 19.....

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

to have occurred on the date stated above 5:10 A.M.

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

Gunshot wounds of the chest and abdomen Date of onset

Other contributory causes of importance:

173

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury 6/12/33

Where did injury occur? 24th Street St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury ingested by firearm

Nature of injury shot in chest

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

If so, specify no

(Signed) [Signature]

(Address) [Address]

[Signature] DEPT. COR

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.

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2
2
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Miss Hill

