

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

Do not use this space.

24888

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. Mo Bapt Hosp)

File No.....
Registered No. 6301
St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward. Overland Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caroline Hat Co.
10. Date deceased last worked at this occupation (month and year) May 15 1933 11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

13. NAME James R Wright

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

15. MAIDEN NAME Hattie Odum

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

17. INFORMANT Ray Wright
(ADDRESS) 9437 Northorn Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris Tenn DATE 7/21 1933

19. UNDERTAKER Baumann Bros Ltd
(ADDRESS) 2504 Woodway Rd Overland Mo

20. FILED 11 21 1933 J. F. Brebeck
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

22. HEREBY CERTIFY that I attended deceased from July 17, 1933, to July 20, 1933
I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 4 A.M.

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

Acute appendicitis
acute cholecystitis
12/18
12/19
12/20
12/21
Other contributory causes of importance:
Bronchial pneumonia
Date of onset

Name of operation appendectomy & cholecystectomy Date of 27-17-33
What test confirmed diagnosis? clinical 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) W. M. Warner, M. D.
(Address) 403 Wall Bldg

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.

AUG 28 1933

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W. W. Miller