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.

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

Do not use this space.
28441

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 3
City St Louis (No. Page & Union Aves St. ..... Ward)

File No. .....
Registered No. 6946

2. FULL NAME George H. Givan

(a) Residence, No. 5454 Page Ave St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1863

7. AGE: Years 70 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool & Die Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Mo

FATHER

13. NAME John S. Givan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER

15. MAIDEN NAME Nancy Fry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT Mary Givan
(ADDRESS) 5454 Page Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE Aug. 14, 1933

19. UNDERTAKER Frehmann Funeral
(ADDRESS) 1905 Union Blvd

20. FILED AUG 11 1933 19 J F Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 7 years, 19..., to ....., 19...
I last saw him alive on Aug 10th, 1933. Death is said to have occurred on the date stated above, at 11.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocardial degeneration	
Chr Nephritis interstitial	
131	
932	

Other contributory causes of importance: 131

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) William I Hyatt, M. D.
(Address) City Dispensary
1605 N 18 St Mo

Dr Hyatt