

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.

29683

1. PLACE OF DEATH

County Jackson
Township W. C. No.
City General Hospital #2

Registration District No. 3002
Primary Registration District No. 3002

File No. 3607
Registered No. 3607
Ward 3rd

2. FULL NAME

(a) Residence, No. 1724 Independence 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-13-1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Mo.</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Deceased</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clintondale</u> DATE <u>Sept 12</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>1830 E. 2nd St. St. Louis</u>		
20. FILED <u>9-12-33</u> <u>M. M. Crow</u> Registrar.		

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-2-1933 to 9-9-1933
I last saw him alive on 9-9-1933 Death is said to have occurred on the date stated above, at 2:20 P. M.
The principal cause of death and related causes of importance were as follows:
Hypertrophied Prostate (obstructing) Urine
Other contributory causes of importance:
Chronic Retention of Urine
Name of operation Prostatectomy Date of 9-2-33
What test confirmed diagnosis? Pathology 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) B. A. Turner M. D.
(Address) General Hospital #2

