

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

Do not use this space.

31045

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. _____
 City St. Louis, Mo. (No. 4211) Mc Phee Ave. St. _____ Ward _____

File No. _____
 Registered No. 7724

2. FULL NAME

(a) Residence, No. 4211 Mc Phee St. 17 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 2

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

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

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) England

13. NAME James Gurney

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

15. MAIDEN NAME Mary Matthews

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

17. INFORMANT James Gurney Jr. (ADDRESS) 4274 Magnolia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Sept. 7th 1933

19. UNDERTAKER Ambruster 2nd Co (ADDRESS) 4224 Manchester Ave

20. FILED SEP - 7 1933 J. Fredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933, to Sept 4, 1933
 I last saw him alive on Sept 4, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Gastric Hemorrhage Date of onset 9/1/33

Other contributory causes of importance: Tuberculosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? None
 (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) Preston C. Hall, M. D.
 (Address) 21 South 15th

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.

OCT 20 1933

