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.

NOV 10 1933

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

Do not use this space.

34820

File No. 8991

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1007

City St. Louis, Mo. (No. Hospital No. 2 St. ..... Ward)

2. FULL NAME Robert Jefferson

(a) Residence, No. 709 Ewing St., W Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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: Colored

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) 1902, June 2

7. AGE: YEARS 31 MONTHS 4 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Oct. 12/33

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mississippi

FATHER

13. NAME Fred Jefferson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mississippi

MOTHER

15. MAIDEN NAME Henrietta Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mississippi

17. INFORMANT (ADDRESS) Dement & Son 2700 Wash St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Oct 18 1933

19. UNDERTAKER (ADDRESS) Dement & Son 2700 Wash St.

20. FILED OCT 18 1933 J F Bardeck Registrar.

MEDICAL CERTIFICATE OF DEATH

Mr Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 30 p.m.

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

	Date of onset
173 Gunshot Wound of Abdomen	
174 General Peritonitis	

Other contributory causes of importance:

Murder. 175

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Homicide Date of injury Oct 11, 1933.

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

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

Manner of injury Gunshot Wound of Abdomen

Nature of injury Homicide

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

If so, specify

(Signed) [signature] M. D.

10/13/33 (Address) Dep Corner