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.

35234

File No. 9464

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City Stoneis (No. 4113 Manchester, St. ..... Ward)

2. FULL NAME Alex Sinclair

(a) Residence, No. 4113 Manchester St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) H.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7 1870

7. AGE YEARS 62 MONTHS 10 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo Sinclair

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

FATHER

13. NAME Unk.

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

MOTHER

15. MAIDEN NAME Mary Farrell

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

17. INFORMANT Edith Sinclair (ADDRESS) 3853 Lindell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Nov. 3 1933

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar

20. FILED NOV -2 1933 19 J. F. Baldrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 — , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Oct 31, 1933

I last saw him alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 8a. m.

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

	Date of onset
Valvular Dis of Heart	1928
92A	
112	

Other contributory causes of importance:

Asthma	1928

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

What test confirmed diagnosis? ..... 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) J. H. Simon, M. D.

(Address) 4000 Chouteau Av