

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

Do not use this space.

36808

JAN 26 1934

1. PLACE OF DEATH

County Jackson Registration District No. 305
 Township East Primary Registration District No. 1000
 City F.C. Mo. (No. General Hospital #2) St. St. Louis Ward 5-20

2. FULL NAME

(a) Residence, No. 1818 to 10th St., 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>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Janitor</u>		<u>-</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>-</u>		
10. Date deceased last worked at this occupation (month and year)		
<u>-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Stenn.</u>		
13. NAME		
<u>Nelson Upshaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Pa.</u>		
15. MAIDEN NAME		
<u>Emma Bennett</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Stenn.</u>		
17. INFORMANT (ADDRESS)		
<u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE		
<u>Blue Ridge Inn</u> DATE <u>Dec 2</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS)		
<u>Watkins Bros.</u> <u>1729 Lehigh Ave.</u>		
20. FILED		
<u>Dec 2</u> 19 <u>33</u> <u>M. M. Crow</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1933 to 11-30 1933

I last saw him alive on 11-30 1933 Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Chronic Glomerular Nephritis
131
19213 with Uremia

Date of onset 130

Other contributory causes of importance: 130

Name of operation General Date of 11-30

What test confirmed diagnosis? General 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. C. Poyner M. D.
 (Address) General Hosp. #2

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.

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