

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

Do not use this space.

791

2895

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **29437**) **Lorton, Mo.** (No. **1111**)
 City **St. Louis, Mo.** (No. **29437**) **Lorton, Mo.** (No. **1111**)

2. FULL NAME

(a) Residence, No. **3439 Factory** Ward. **18**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **20** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Susie Hyde**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-27-1879**

7. AGE YEARS **55** MONTHS **4** DAYS **5** If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

13. NAME **James Hyde**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Lulu Hubbard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT **Henry Leppington** (ADDRESS) **29437 Lorton City 1111**

18. BURIAL, CREMATION, OR REMOVAL PLACE **barther dishom** DATE **1-17-34**

19. UNDERTAKER **J. J. Schurman** (ADDRESS) **2734 Schurman**

20. FILED **J. J. Schurman** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-8-1934**

22. I HEREBY CERTIFY, That I attended deceased from **1-5-1934** to **1-8-1934**

I last saw him alive on **1-8-1934**. Death is said to have occurred on the date stated above, at **12:35 p.m.**

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

Chronic Myocarditis Date of onset **1-8-34**

936

Other contributory causes of importance **930**

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? If so, specify **Henry Leppington** M. D.
 (Signed) **Henry Leppington** (Address) **29437 Lorton City 1111**

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.

FEB 27 1934

239

