

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 27 1934

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

Do not use this space.

3508

1. PLACE OF DEATH

County St. Louis Registration District No. 1160  
Township Central Primary Registration District No. 4470  
City University City (No. 7138 Dorsey Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Stark Putnam

(a) Residence, No. 7138 Dorsey Ave St. \_\_\_\_\_ 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline B. Putnam  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1871  
7. AGE YEARS MONTHS DAYS / If LESS than 1 day, hrs. or min. 62 10 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Man  
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) Cleveland (STATE OR COUNTRY) Ohio

13. NAME John W. Putnam

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

15. MAIDEN NAME Eunice P. Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Perre Mich.

17. INFORMANT Pauline Putnam (ADDRESS) 7138 Dorsey Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 1-20- 1934

19. UNDERTAKER Alvander Suss (ADDRESS) 6178 Delmar

20. FILED Jan 19 1934 Lena D. Moeller Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1934 1934  
22. I HEREBY CERTIFY, That I attended deceased from 1/3 1934 to 1/18 1934  
I last saw him alive on 1/17 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

lung stress  
Date of onset 1-13-34  
Other contributory causes of importance: Septic pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis emphysema Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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) W. H. King, M. D.  
(Address) 5938 Kingsbury



*St Louis Co*

*3508*

WASHINGTON

*8*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Wm Hart Putnam*  
Who died at \_\_\_\_\_ on *Jan 18 - 1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *m* Color or race *W* Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *62* Months *10* Days *5*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year *1*  
Birthplace (State or country) *Long Beach*  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: *Septic pneumonia*  
*Lobar Pneumonia*

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_  
Signature of Registrar *Lena V. Moeller (Deputy)* Date filed *Sept. 21, 1934*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. *1160*  
Primary Reg. Dist. No. *4470*

*E. T. McGaugh M.D.*  
*g e*

Special Agent.

S-3508