

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

Do not use this space.

5242

File No. \_\_\_\_\_  
Registered No. 970  
St. 3rd Ward

APR 25 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township St. Ann Primary Registration District No. 399  
City St. Louis (No. General Hosp #2) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1076 Woodland 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
57 9 23

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

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) Ala.

13. NAME Smith Hodge

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

15. MAIDEN NAME Patsy Lipscomb

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

17. INFORMANT (ADDRESS) Recard Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Apr 14 1934

19. UNDERTAKER (ADDRESS) West of Delon Jones

20. FILED 3/1 1934 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1934 to 2-24 1934

I last saw him alive on 2-24 1934 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Tuberculosis of the spine with par-vertebral and pelvic abscess.

Tuberculosis of the left knee

Other contributory causes of importance:

Toxemia

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? \_\_\_\_\_ 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) G. O. Turner M. D.

(Address) General Hosp #2

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.

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

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