

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

Do not use this space.

APR 24 1934

1. PLACE OF DEATH

County.....

Registration District No.....

**791
1003**

File No.....

6676

Township.....
City *St. Louis Mo.*

Primary Registration District No.....

Registered No.....

1525

2. FULL NAME

(a) Residence, No.....
(Usual place of abode)

196^A - S. J. Garrison

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

6 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)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-25-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

2

10

OCCUPATION

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

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

Labored

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

Ky.

13. NAME

Allen Ferguson

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

Ky.

15. MAIDEN NAME

Viney Alexander

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

Ky.

17. INFORMANT (ADDRESS)

*J. Henderson
2945 - Lawton Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE

E. St. Louis Ill.

DATE *2/13*

19. UNDERTAKER (ADDRESS)

*R. M. C. Green
3517 Baskin Ave.*

20. FILED

1934

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-7-1934

22. I HEREBY CERTIFY, That I attended deceased from

1-16-1934, to 2-7-1934

I last saw him alive on *2-7-1934* Death is said

to have occurred on the date stated above, at *5:10 P.M.*

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

Chronic Nephritis

Date of onset *1-16-34*

Other contributory causes of importance

Chronic Nephritis, Senility

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.....

(Signed) *Henry Hampton* M. D.

(Address) *2945 - Lawton Blvd*

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.

23
22
21
20

