

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No..... File No. **11074**  
 Township..... Primary Registration District No..... Registered No. **2934**  
 City **St. Louis MO** (No. **2945** - **Lawton 3rd City Reg. #2**) (Ward).....

**2. FULL NAME**

(a) Residence, No. **2302 Pine Working Men's Hl.** (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. **21** 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 **Gertrude Green**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-12-1884**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**50 - 7**

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. **Laborer**  
 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) **Mississippi**

13. NAME **Tom Green**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.C.**

15. MAIDEN NAME **Lilia Hall**

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

17. INFORMANT **Juby Terbeault** (ADDRESS) **2945 - Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **3/23/34**

19. UNDERTAKER **Charles J. Kates** (ADDRESS) **412 1/2 Franklin St.**

20. FILED **MAR 25 1934** **J. D. Bredecka** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-19-1934**

22. I HEREBY CERTIFY, That I attended deceased from **3-16-1934** to **3-19-1934**  
 I last saw him alive on **3-19-1934** Death is said to have occurred on the date stated above, at **3:45 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Lobar pneumonia** Date of onset **3-16-34**  
**108**

Other contributory causes of importance:

8. 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?.....  
 If so, specify.....  
 (Signed) **Henry C. Hampton**  
 (Address) **2945 - Lawton 3rd.**

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.

APR 25 1934

