

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

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis, Mo.*

Registration District No. **791**
Primary Registration District No. **1003**

File No. **11226**
3112
Registered No.
Ward)

2. FULL NAME

(a) Residence, No. *2238 Paulolph* (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 19th 1915</i>				
7. AGE	YEARS <i>18</i>	MONTHS <i>4</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
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. <i>Laborer</i>			
	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) <i>Mississippi</i>				
MOTHER FATHER	13. NAME <i>Cellan Frazier</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>			
	15. MAIDEN NAME <i>Channie Barnett</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>			
17. INFORMANT (ADDRESS) <i>Juby C. ... 2945 - Lawton Blvd</i>				
18. BURIAL, CREMATION, OR REMOVAL <i>Father ... 3/29 1934</i>				
19. UNDERTAKER (ADDRESS) <i>Dunn Bros 215 S. Jefferson</i>				
20. FILED <i>26 1934</i> <i>J. H. Bredeck Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-25-1934*

2. I HEREBY CERTIFY, That I attended deceased from *9-23-1933* to *3-25-1934*
I last saw him alive on *3-25-1934* Death is said to have occurred on the date stated above, at *8:20 A.M.*
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset *9-23-33*
23A

Other contributory causes of importance *NS*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *YW*

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 H. Hampton M. D.*
(Signed) *Henry H. Hampton M. D.*
(Address) *2945 Lawton Blvd.*

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