

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 14383

Township.....  
City St. Louis Mo

Primary Registration District No. 1003  
(No. 29457 Lawton Blvd City Hosp #2557 Ward)

2. FULL NAME

(a) Residence, No. 1815 - Russell Ave. Ward 2  
(Usual place of abode)

Sams Grattis McFarland

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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) Dec. 30<sup>th</sup> 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
33 3 6

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

Labour

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

13. NAME William Grattis

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

15. MAIDEN NAME Bruce Dixon

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

17. INFORMANT (ADDRESS) Ruby Deane 2946 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickson DATE Apr - 10 1934

19. UNDERTAKER (ADDRESS) Beth M. Taylor 2029 Carbone St

20. FILED J. Brebeck Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 9 - 12 - 1933 to 4 - 6 - 1934

I last saw him alive on 4 - 6 - 1934. Death is said

to have occurred on the date stated above, at 5:37 p.m.

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

Carcinoma of Penis Date of onset 9-12-33

5 51F 53F

Other contributory causes of importance: Extensive Metastasis of right groin

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) 2946 - Lawton Blvd

