

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

Do not use this space.

JUN 19 1934

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 195)

Registration District No. 791  
Primary Registration District No. 1074

File No. 15208  
Registered No. 4428  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4715 Clayton Ward. 7  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1905

7. AGE YEARS. MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Balancer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagner Electric  
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) Madisonville Mo

13. NAME Lachar Duwall

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

15. MAIDEN NAME Mellie Rice

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

17. INFORMANT Harp Inf. City Hosp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 3<sup>rd</sup> 1934

19. UNDERTAKER Arthur J. Donnelly 2660 (ADDRESS) 3840 Chestnut St

20. FILED MAY - 7 1934 A. Steed Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to April 30, 1934  
I last saw him alive on April 28, 1934. Death is said to have occurred on the date stated above, at 2:15 P. m.  
The principal cause of death and related causes of importance were as follows:

Acj lobar Pneumonia (st) Date of onset

Other contributory causes of importance:  
Emphysema (st)

Name of operation Mayingo Date of 4/23/34  
What test confirmed diagnosis? clinical 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 Dunt M. D.  
(Address) City Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

