

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.

JUN 19 1934

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. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Dept**) St. **5445** (Ward)

2. FULL NAME

(a) Residence, No. **31009** St. **10** Ward. **10**
(Usual place of abode) (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 **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 **Don't know**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 28 / 1855**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tool**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1860**
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) **Massachusetts**

13. NAME **Unknown**

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

15. MAIDEN NAME **"**

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

17. INFORMANT (ADDRESS) **Wm J. Smith**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Massachusetts** DATE **6-2**

19. UNDERTAKER (ADDRESS) **Jay Smith Funeral Home 245 Massachusetts**

20. FILED **J. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 31, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **5:15** **1934** to **5:20** **1934**
I last saw **deceased** alive on **5/31** **1934** Death is said to have occurred on the date stated above, at **8:00** h.

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

Fracture, mandible, multiple compound, from fall at home - fell against furniture
Intracranial injury, possible
Date of onset **5/30/34**

Other contributory causes of importance: **Accident**

Name of operation **Wiring jaws** Date of **5/30/34**
What test confirmed diagnosis? **X-ray** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **5/10, 1934**

Where did injury occur? **Home**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **fall**
Nature of injury **Intracranial Injury - Fracture**

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify **fall**
(Signed) **W. J. Smith**, M. D.
(Address) **City, Dept**

