

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

Do not use this space.

22481

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No.....

6299

Township.....

Primary Registration District No. 1003

Registered No.....

City St Louis

(No. City Hosp No 2)

St. .... Ward)

**2. FULL NAME** John Black

(a) Residence, No. 429 forty

St. 77R Ward.

E. J. Harris, M.D.  
(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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. Unknown 1910</u>		
7. AGE <u>abt. 23</u>	YEARS <u>9</u>	MONTHS <u>—</u>
DAYS <u>—</u>		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Mo.</u>		
MOTHER	13. NAME <u>Ben Black</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Mo.</u>	
	15. MAIDEN NAME <u>Stella Cuse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton Mo.</u>	
17. INFORMANT <u>Clarence C. Black</u> (ADDRESS) <u>12216 Piggott (Piggott?)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fulton Mo.</u> DATE <u>6/27</u> 19 <u>34</u>		
19. UNDERTAKER <u>R. M. C. Green</u> (ADDRESS) <u>2517 Kaseville Ave.</u>		
20. FILED <u>27</u> 19 <u>34</u> <u>J. J. Proctor</u> <u>6/27/34</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:00 P. m.

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

Gunshot wound of abdomen & left arm. Penetrated into abdomen & multiple perforations of intestines caused by gun in hands of Roy Black (Col) at 2213 Franklin Ave.

Other contributory causes of importance:  
about 4:52 PM 6/25/34

Name of operation Amputation Date of 6/25/34

What test confirmed diagnosis? 1025 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 6/25/34  
Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun  
Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Ernest J. Duffy (Address) 217 1/2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2073

