

**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, Mo. (No. St. Louis Children's Hosp St. Ward) **6517**

2. FULL NAME

(a) Residence, No. NR St. Ward. Bloodland, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-14-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 16

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.....
Child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloodland, Mo.

13. NAME John H. King

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

15. MAIDEN NAME Minda Woody

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

17. INFORMANT J. K. Blum
 (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloodland, Mo. DATE July 1, 1937

19. UNDERTAKER Parker Undertaking Co
 (ADDRESS) Webster Street

20. FILED 1-2 1937 19. J. Brebeck
 Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26-1937 to 6-30-1937

I last saw him alive on 6-30-1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Congenital malformation of heart - patent ductus arteriosus Date of onset Birth

Broncho pneumonia 15 DA 10 DA 3 days

Other contributory causes of importance: Mongolism 157 C Birth

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Stanley C. Harmon, M. D.

(Address) 500 S. Kingshighway

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.

AUG 15 1937

MISSOURI STATE BOARD OF HEALTH—WITH CONTINUING INK—THIS IS A PERMANENT RECORD

