

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 24 1934

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

Do not use this space.

24509

## 1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township Knox

Primary Registration District No. ....

City A. C. Mo No. Mercy Hoop

St. .... Ward) .....

File No. ....

Registered No. ....

## 2. FULL NAME

(a) Residence, No. 1905 Ewing St. Ward. ....  
(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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 19247. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 10 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
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) Missouri13. NAME Gentry Biverson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Ella Philp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Gentry Biverson  
(ADDRESS) 1905 Ewing18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE July 15 193419. UNDERTAKER Phil Funeral Home  
(ADDRESS) 6006 - Independence Ave20. FILED 7-14 1934 Jamm Crane  
asst Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-3422. I HEREBY CERTIFY, That I attended deceased from 6-30-34, 1934, to 7-13-34, 1934I last saw him alive on 7-13-34, 1934 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Cellulitis of Rt leg -  
Septicemia (Streptococcus)  
Multiple Abscesses  
Not TuberculousDate of onset 6-25-34  
? 6-25-34

Other contributory causes of importance:

Name of operation Exsurg. Rt tibia Date of 6-30-30  
What test confirmed diagnosis? ..... Was there an autopsy? Yes23. 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 St. Montgomerly, M. D.(Signed) St. Montgomerly, M. D.  
(Address) Professor Bldg

