

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

Do not use this space.

24831

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 24831
 Township St. Louis Primary Registration District No. 2 Registered No. 311
 City H. C. Mo. (No. General Hosp. #2 St. 311 Ward)

2. FULL NAME

Reuben Moten
 (a) Residence, No. 2410 Highland St. Ward. (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>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1854</u>		
7. AGE <u>79</u> YEARS	<u>11</u> MONTHS	<u>02</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>Mo. Moten</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		15. MAIDEN NAME <u>Ellen Mack</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		17. INFORMANT (ADDRESS) <u>Record Clerk</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>7-25-34</u>		19. UNDERTAKER (ADDRESS) <u>Waters Bros</u>
20. FILED <u>7-25-34</u> M. H. Kerrow Registrar.		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1934, to 7-21, 1934

I last saw him alive on 7-21, 1934 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:
Heat Stroke
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____
 (Signed) J. O. Drown M. D.
 (Address) General Hosp. #2

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 21 1934

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

