

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

Do not use this space.

1. PLACE OF DEATH

County Warren Registration District No. 241
 Township Jefferson Primary Registration District No. 341
 City (No. _____) St. _____ Ward _____

File No. 25463
 Registered No. _____

2. FULL NAME

John Esco Esom
 (a) Residence, No. 325 E. Manchester St. St. Louis, 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Mary Esom</u> <u>Husband</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6, 1899</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>10</u>
	DAYS <u>16</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>Pack House Labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Packing meat</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-20-34</u>	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steelville, Mo.</u>		
MOTHER	13. NAME <u>Matt Esom</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs Mary Esom</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steelville</u> DATE <u>7-24-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Edrich Childers</u>		
20. FILED <u>July 30, 1934</u> <u>Mrs. Geneva Johnson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY (That I attended deceased from July 22, 1934 to July 22, 1934)

I last saw h. in alive on July 22, 1934. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Heart Prorotation
Over Heart
 Date of onset 7-22-34
 Other contributory causes of importance: 191

Name of operation none Date of _____

What test confirmed diagnosis Symptoms Was there an autopsy? No

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) W. R. Gurrelly M. D.

(Address) Belle, Mo.

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.

JUL 30 1934

