

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.

SEP 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Madison
 City St. Louis (No. _____)

Registration District No. 421
 Primary Registration District No. 5576

File No. 29814
 Registered No. 77
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6601 Crest St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>May Almany</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1887</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>4</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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>Kansas</u>		
13. NAME <u>James Almany</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Matten (Shepherd)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT <u>May Almany</u> (ADDRESS) <u>6601 Crest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dah Grove Cemetery</u> DATE <u>Aug 30, 1934</u>		
19. UNDERTAKER <u>Myellen Bros</u> (ADDRESS) <u>St. Louis, Mo.</u>		
20. FILED <u>9/1/34</u> <u>J. C. Rutledge</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 30, 1934 to Aug 27, 1934
 I last saw him alive on 8/25, 1934. Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Lung abscess (right lobe) 11/4/34
Healed tuberculosis
 Other contributory causes of importance:
Healed tuberculosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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? Yes
 If so, specify worked in garage until at time of onset
 (Signed) C. D. Walters M. D.
 (Address) 211 N. Main - Festus, Mo.

