

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

Do not use this space.

30711

1. PLACE OF DEATH SEP 23 1934

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City) St. Ward (Ward)
7275 (Registered No. 7910)

2. FULL NAME

(a) Residence, No. 2065 Wentworth St., 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1934 to 8-1, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw him alive on 8/11, 1934. Death is said to have occurred on the date stated above, at 1:45 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 75

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None
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

1. Heart exhaustion
2. Chronic nephritis
Other contributory causes of importance:
3. Art. sclerotic Heart Disease
4. Heart exhaustion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

13. NAME Link Fields

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Harold Jay City

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Louisiana Mo. Aug 4 34

19. UNDERTAKER (ADDRESS) W. H. Hopper 424 N. Chestnut

20. FILED AUG - 1 1934 J. Brebeck Registrar.

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?
If so, specify Dr. Kelly (Signed)....., M. D.
(Address) City Mo

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.

WRITE PRINTED, WITH CORRECTIONS

