

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

Do not use this space.

NOV 24 1934

39302

1. PLACE OF DEATH

County Jackson  
Township Blue  
City 1814 Home Fairland Heights

Registration District No. 398  
Primary Registration District No. 5554  
1814 Home Fairland Heights

File No. ....  
Registered No. 393  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1814 Home Fairland Heights 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1895

7. AGE YEARS 39 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water

10. Date deceased last worked at this occupation (month and year) Feb 11 1930 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Char Field

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Catherine Quinlan

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

17. INFORMANT Wife of the home

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem. DATE 11-19-34

19. UNDERTAKER Melody-McGilley

20. FILED 11-20 34 J. L. Coate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-34

22. I HEREBY CERTIFY, That I attended deceased from 11/11, 1934 to 11/16, 1934

I last saw him alive on 11/16, 1934 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? chest 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?

If so, specify Drumma

(Signed) Drumma M. D.

(Address) 10307 Lindy Ave K.C. 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.

Dr. Gilmore 10307 ind.

JAN 26 1944