

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

Do not use this space.

39611

**1. PLACE OF DEATH**

County Jackson  
Township Spring  
City St. Louis (No. General Hosp #2)

Registration District No. 399  
Primary Registration District No. 2002

File No. 5123  
Registered No. 5123  
St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 1525 E. 11th 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 <u>HUSBAND OF</u> <u>Georgia Cody</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-20-1888</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
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>Tenn</u>		
13. NAME <u>Unknown</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 (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u>		
19. UNDERTAKER (ADDRESS) <u>Miss Mary Ferguson</u>		
20. FILED <u>11-27-34</u> <u>M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4 to 11-19, 1934

I last saw him alive on 11-19, 1934 Death is said to have occurred on the date stated above, at 9:00 P.M.

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

Bilateral Cerebrating  
Ulcerative Tuberculosis  
of Lungs

Other contributory causes of importance:  
Sepsis

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. Brown 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.

WRITE CAREFULLY WITH CORRECTED

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2  
21  
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