

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.

2022 2 4 1934

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

Do not use this space.

39705-2

### 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township 2nd Primary Registration District No. 1002  
City St. Louis (No. Central Loop #2)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 3rd Ward

### 2. FULL NAME

(a) Residence, No. 2406 1/2 31st St., \_\_\_\_\_ Ward.  
(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 Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Rosa Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58      10      10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
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) Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Deceased, Charles

18. BURNED, CREMATED, OR REMOVAL (ADDRESS) Funeral Home

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED May 15 1934 m. coronator \_\_\_\_\_ Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1934 to 11-18, 1934  
I last saw him alive on 11-18, 1934 Death is said to have occurred on the date stated above, at 6:55 P.M.  
The principal cause of death and related causes of importance were as follows:

Cortic Regurgitation  
Syphilitic Heart Disease  
Decompensation

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. C. Jones M. D.  
(Address) Central Loop #2

