

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

Do not use this space.

FEB 21 1935

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1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. 914-2 Newburg)

File No.....
Registered No. 442
St. Ward)

2. FULL NAME

(a) Residence, No. 914-2 Newburg 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Business
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) Ark

13. NAME Scott Stinger

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

15. MAIDEN NAME Linie Harris

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

17. INFORMANT (ADDRESS) Mary Cure Stinger

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD CEM DATE 1-12-35

19. UNDERTAKER (ADDRESS) A. RUSSELL UND. CO

20. FILED 1175 19 35 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 19 34, to Jan 4 19 35.

I last saw h.i.m. alive on Jan 4 19 35. Death is said to have occurred on the date stated above, at 6 P. m. Jan 6 '35

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

acute nephritis
Cause unknown
Date of onset Dec 13

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?.....

If so, specify.....

(Signed) Frank Tracy M. D.

(Address) 2340 Blvd

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.

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