

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

Do not use this space.

APR 9 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City *St. Louis, Mo* (No. *City Hospital #2*)

File No. **11227**
 Registered No. **2884**
 St. Ward)

2. FULL NAME

(a) Residence, No. *4216 1/2 N - 2nd St. #29* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>unk.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 15-1875</i>		
7. AGE	YEARS	MONTHS
	<i>59</i>	<i>7</i>
		21
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.		
<i>Labourer</i>		
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) <i>Mississippi</i>		
13. NAME <i>William Singleton</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>N.C.</i>		
15. MAIDEN NAME <i>Jane Johnson</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>W. Va.</i>		
17. INFORMANT (ADDRESS) <i>Judy Anderson 2945 - Lawton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington</i> DATE <i>3-23</i> 1935		
19. UNDERTAKER (ADDRESS) <i>Walter Richter 3500 Rutger St</i>		
20. FILED APR 28 1935 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 17th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *2-9-1935* to *3-17-1935*
 I last saw him alive on *3-17-1935* Death is said to have occurred on the date stated above, at *12:40 A.M.*
 The principal cause of death and related causes of importance were as follows:
Suppurative Paratubercular Date of onset *2-9-36*
Secondary to infected teeth
 Other contributory causes of importance: *1/5 anemia*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 *William N. Singleton, M.D.*
 (Signed) (Address) *2945 - Lawton Blvd.*

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.

