

1800

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

Do not use this space.

791
1003

15134

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City, *St. Louis mo* (No. *916 North 16th Street*) St. Ward) Registered No. *4081*

2. FULL NAME

(a) Residence, No. *916 North 16th* St., *25* 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 <i>Male</i>	4. COLOR OR RACE <i>Cold</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1919-3-16</i>		
7. AGE	YEARS	MONTHS
	<i>16</i>	<i>1</i>
		DAYS
		<i>14</i>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School</i>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Chicago, Ill.</i>		
MOTHER	13. NAME <i>Adams Pulliam</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Evansville Ill</i>	
	15. MAIDEN NAME <i>Mattie Adams</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Memphis Tenn</i>	
17. INFORMANT (ADDRESS) <i>Mattie Pulliam 916 North 16th Street</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>May 6 1935</i>		
19. UNDERTAKER (ADDRESS) <i>W. B. Beal and Co. 2726 Olive Ave</i>		
20. FILED <i>MAY - 6 1935</i> <i>J. Breuer</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30, 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *7:00 P.M.*
The principal cause of death and related causes of importance were as follows:
Fracture of Skull, Laceration of Brain, Laceration of Face, Laceration of Head, received when he fell from running board of car. Date of onset

Other contributory causes of importance: *1946*
210M

ACCI DENT.

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, ~~Violence~~ Date of injury *4/30, 1935*
Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury *Fell from running board car*
Nature of injury *Fractured skull*

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *W. J. [Signature]*, M. D.
(Address) *1216 [Address]*

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.

