

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.

LN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. #7
City St. Louis Mo (No. City Hospital #7)

File No. 17875
Registered No. 4190
St. Ward)

2. FULL NAME

(a) Residence No. 2815 - Franklin St. Ward. Lic # 1468
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	4	12	

OCCUPATION

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.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....
Laborer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

13. NAME Sidney Harris

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

15. MAIDEN NAME Gene Wood

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

17. INFORMANT Ruby Perdesney (ADDRESS) 2945 - Rawm

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE May 10 1935

19. UNDERTAKER Ellis Funeral Home (ADDRESS) 2820 Stoddard St.

20. FILED MAY - 9 1935 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 - 13 - 1935, to 5 - 7 - 1935

I last saw him alive on 5 - 7 - 1935 Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Pulmonary Tuberculosis
Date of onset 3-18-35

Other contributory causes of importance: 23

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. 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) Russell Smith M. D. (Address) 2945 - Rawm Rd.

