

JUN 12 1935

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

Do not use this space.

18317

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis Mo** (No. **City Hospital**) St. _____ Ward _____

File No. **4665**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2207 Chestnut** Ward. **21**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **48** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23 1866**

7. AGE YEARS **74** MONTHS **4** DAYS **19** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer (unskilled)**
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) **Alabama**

FATHER 13. NAME **Charley Jones**

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

MOTHER 15. MAIDEN NAME **Maud Madden**

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

17. INFORMANT (ADDRESS) **Mary O'Leary 2945 - Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **5-17 1935**

19. UNDERTAKER (ADDRESS) **Walter Richter 3500 Rutger St**

20. FILED **MAY 25 1935** 19 **J. B. Beck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **5-6-35** to **5-12-35**

I last saw him alive on **5-12-35** Death is said to have occurred on the date stated above, at **8:35 P.** m.

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

Lung Abscess Date of onset **5-6-35**
(non-Tuberculous non-traumatic cause sent home)
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) **Musell Smith** M. D.
(Address) **2945² Lawton 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.

