

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

Do not use this space.

24497

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

St. Louis Mo. (In) City Hospital No. 2

File No. 5877

Registered No. 5877

St. Ward)

2. FULL NAME

(a) Residence No. 415-5-23 St. St. 22

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Colored 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) Unknown

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About	50			

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

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

13. NAME James Green

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

15. MAIDEN NAME Abbie Stacy

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

17. INFORMANT (ADDRESS) Ruby ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-9-1935

19. UNDERTAKER (ADDRESS) J. J. Sheridan

20. FILED JUL - 9 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th 1935

22. I HEREBY CERTIFY That I attended deceased from 6-29-35 to 7-4-35

I last saw him alive on 7-4-35 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Hypertensive Heart Disease Date of onset 6-29-35

Other contributory causes of importance:

Cardiac De-compensation Cerebral Hemorrhage

Name of operation Clinical 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 ...

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) James B. Harrison M.D.

(Address) 2945 - Rawson Blvd.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

