

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.

AUG 9 1935

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

Do not use this space.

24521

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Barnes Hospital)

File No. .... **5903**  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Henry Lafayette Deek  
(a) Residence, No. 3116 St., 21 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
33 9 28

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. Laborer  
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) Ark

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Charlotte Deek

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

17. INFORMANT Willie Mae Deek (ADDRESS) 3116

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jackson DATE July 10, 1935

19. UNDERTAKER (ADDRESS) English Made Co 2930

20. FILED JUL 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

I HEREBY CERTIFY that I attended deceased from June 21, 1935 to July 6, 1935. I last saw him alive on July 6, 1935. Death is said to have occurred on the date stated above, at 3:45 p. m. The principal cause of death and related causes of importance were as follows:

Acute Military Tuberculosis  
Tuberculosis Peritonitis  
Date of onset 5-21-35

Other contributory causes of importance: 25

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, 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) Keith S. Wilson, M. D.  
(Address) Barnes Hospital

