

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.

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

Do not use this space.

AUG 9

233

791
1003

24549

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 14356 Easton)

File No.....

Registered No.....

5934

St. Ward)

2. FULL NAME

(a) Residence, No. 4356 Easton St., 11 Ward.
(Usual place of abode)

(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

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Avery

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

Oct 22, 1879

7. AGE

55

YEARS

9

MONTHS

17

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor

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)

Sumner, Miss.

13. NAME

Gordon Sims

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

Mississippi

15. MAIDEN NAME

Unknown

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

unknown

17. INFORMANT (ADDRESS)

Mattie Brown
4356 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE July 12, 1930

19. UNDERTAKER (ADDRESS)

Cunningham Bros
2733 D. May St.

20. FILED

JUL 11 1930

J. Bredek
Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/9

1930

22. I HEREBY CERTIFY, That I attended deceased from

6-19

1930

to 7/9

1930

I last saw him alive on 7/9 1930 Death is said

to have occurred on the date stated above, at 3.08 P.M.

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

Chronic Nephritis
with Hypertension

Date of onset 1930

Other contributory causes of importance:

Hypertension chronic 1930

Name of operation

Vaginal

Date of

What test confirmed diagnosis? Bedside diagnosis

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) T. J. Walker, M. D.

(Address) 8092 N. Jefferson

