

SEP 25 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis Registration District No. 785  
Township Manchester Primary Registration District No. 6031  
City Manchester (No. Manchester Nursing Home) St. St. Louis Ward 144

27480

File No. 27480  
Registered No. 144

## 2. FULL NAME

(a) Residence, No. 218 S. Gillmore Ave. St. St. Louis Ward Hickwood Mo  
(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<br><u>M.</u>  | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR<br>DIVORCED (write the word)<br><u>Married</u> |          |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-8-1870</u>  |                               |  |          |  |
| 7. AGE   | YEARS                         | MONTHS   | DAYS     | If LESS than 1<br>day, ..... hrs.<br>or ..... min. |
| <u>7</u>   | <u>65</u>                     | <u>4</u>   | <u>0</u> |  |
| 8. Trade, profession, or particular<br>kind of work done, as spinner,<br>sawyer, bookkeeper, etc. <u>Laborer</u> |                               |  |          |  |
| 9. Industry or business in which<br>work was done, as silk mill,<br>saw mill, bank, etc.                         |                               |  |          |  |
| 10. Date deceased last worked at<br>this occupation (month and<br>year).....                                     |                               |  |          |  |
| 11. Total time (years)<br>spent in this<br>occupation.....   |                               |  |          |  |
| 12. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) <u>Mo</u>  |                               |  |          |  |
| 13. NAME <u>John Jump</u>  |                               |  |          |  |
| 14. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) <u>Mo</u>  |                               |  |          |  |
| 15. MAIDEN NAME <u>Mary Terry</u>  |                               |  |          |  |
| 16. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) <u>Mo</u>  |                               |  |          |  |
| 17. INFORMANT <u>Mrs. Laura Jump</u><br>(ADDRESS) <u>218 S. Gillmore Ave</u>                                     |                               |  |          |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Oak Hill</u> DATE <u>8-10-35</u>                                   |                               |  |          |  |
| 19. UNDERTAKER <u>Louis H. Bopp</u><br>(ADDRESS)   |                               |  |          |  |
| 20. FILED <u>8-9-35</u> <u>Agnes C. Kelly, Dept</u><br>Registrar   |                               |  |          |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
Dec 1st, 1934, to August 8, 1935  
I last saw h..... alive on August 8th, 1935. Death is said  
to have occurred on the date stated above, at 12:45 P.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset ?

Other contributory causes of importance  
Cerebral hemorrhage  
with hemiplegia

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? no  
If so, specify.....  
(Signed) B.P. Loving M. D.  
B. Edwin J. Mo.  
(Address).....

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.

