

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.

NOV 9 1935

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

Do not use this space.

31458

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003** File No. _____
City St. Louis, Mo. No. The Peoples Hospital Registered No. **8745** (Ward)

2. FULL NAME

(a) Residence, No. 3110 Brantner St. 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
abt. 30

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

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) Tenn.

MOTHER FATHER 13. NAME Sheridan Holliday

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

15. MAIDEN NAME Lincy Dalton

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

17. INFORMANT (ADDRESS) Earline Holliday
3110 Brantner pl

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE City Cemetery 10/17/35

19. UNDERTAKER (ADDRESS) Wm C. McQuell
2606 Franklin Ave

20. FILED: 1851935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6- 1935, to 9-14- 1935

I last saw h.i.m. alive on 9-14- 1935 Death is said to have occurred on the date stated above, at 300 P. m.

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

Chr. Myocarditis
Hemiplegia due to
Rheumatic Heart Disease

Other contributory causes of importance: 930

Hypertension, R. Pt.
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) Blair G. Carter M. D.
(Address) Peoples Hospital

