

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.

NOV 21 1935

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

Do not use this space.

32737

1. PLACE OF DEATH

County Jackson
Township St. Charles
City St. Charles

Registration District No. 399
Primary Registration District No. 2007
(No. General Hosp. # 2)

File No. _____
Registered No. _____
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2516 Couillard St. Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-14-1909</u>		
7. AGE	YEARS	MONTHS
<u>26</u>	<u>4</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>		
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) <u>Kansas</u>		
13. NAME <u>As unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>As unknown</u>		
15. MAIDEN NAME <u>As unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Record Desk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Westlawn</u> DATE <u>Oct. 14</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Nathan W. Thaler</u> <u>1520 N. 5th St.</u>		
20. FILED <u>10-14</u> 19 <u>35</u> <u>M. M. Crowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1935 to 10-11, 1935
I last saw him alive on 10-11, 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.
The principal cause of death and related causes of importance were as follows:
Advanced Pulmonary Tuberculosis with Respiratory Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause, violent, 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) A. S. Powell M. D.
(Address) General Hosp. # 2

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list or a series of entries, possibly names and dates, arranged in columns. Some faint words and numbers are visible, but they cannot be accurately transcribed.]

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