

DEC 11 1935

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

Do not use this space.

37138

1. PLACE OF DEATH

County St. Louis Registration District No. 769
Township Speedwell Primary Registration District No. 6015
City (No.) St. Ward)

2. FULL NAME

Albert Grant Latta

(a) Residence, No. St. 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 5 10

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

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) Shell City Mo.

13. NAME John Latta

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

15. MAIDEN NAME Carrie Sparks

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

17. INFORMANT Mrs. Albert Latta
(ADDRESS) 6 Persada St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Cross DATE Nov 4, 1935

19. UNDERTAKER Proper Funeral Home
(ADDRESS) Colorado Springs Mo.

20. FILED Nov. 8, 1935 Mrs. J.W. Richardson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Nov 2, 1935

I last saw him alive on Nov 2, 1935. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Date of onset

Intestinal nephritis
chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

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) L. J. Dunning M. D.

(Address) 2200 No. 10 St. St. Louis

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.

