

JAN 23 1936

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

Do not use this space.

41317
10534

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. _____)

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 2

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4 Loyds Halland St. 21 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 Male 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 Willie Mae Halland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 - 1904

7. AGE YEARS 31 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil
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) La. La.

13. NAME Lan Halland

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

15. MAIDEN NAME Frances Johnson

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

17. INFORMANT (ADDRESS) July Sudary 2940 - 1/2 in Blk

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Gibson DATE Dec 14, 1935

19. UNDERTAKER (ADDRESS) H. S. Wade, Under Co. 4202 Fremont Ave

20. FILED DEC 13, 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 4 - 1935, to 12 - 6 - 1935 that saw him alive on 12 - 6 - 1935 Death is said to have occurred on the date stated above, at 10:25 p.m.

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

Pulmonary Tuberculosis
Other contributory causes of importance: 2, 3

Date of onset 10-4-35

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? _____
If so, specify _____

(Signed) James B. Harris, M. D.
(Address) City Hospital #2

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.

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