

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

Do not use this space.

JAN 13 1936

791
1003

41546

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hosp #2)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 10790
St. Ward)

2. FULL NAME

(a) Residence, No. 2029 Franklin Ave (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 21 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 1904</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>4</u>	DAYS <u>2</u>
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.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....
Laborer
Common

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER 13. NAME Harvey Perkins

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

MOTHER 15. MAIDEN NAME Maudie Ward

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

17. INFORMANT Mrs Maudie Dixon
(ADDRESS) 2029 Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL For Deacon DATE 12/20/35

19. UNDERTAKER Wm C. McLaughlin
(ADDRESS) 3505 Franklin Ave

20. FILED DEC 21 1935
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:57 P.M.

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

Acute Alcoholism; Chronic Myocarditis; Chronic Interstitial Nephritis; Arterio-Sclerosis;

Other contributory causes of importance:

131

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

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) Harold J. Bell, M. D.
(Address) 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.

