

FEB 11 1936

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

Do not use this space.

41980

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No. City Hospital No. 2003)

Registration District No. 731
City Registration District No. 1003

File No.....
Registered No. 70
St. Ward)

2. FULL NAME

(a) Residence, No. 2121 - Wash St Ward. 21
(Usual place of abode)

Length of residence in city or town where death occurred 4 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>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1 - 1885</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>50</u> | <u>1</u> |
| | | DAYS |
| | | <u>26</u> |
| | | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unskilled</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labour</u> | |
| | 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>Arkansas</u> | | |
| FATHER | 13. NAME <u>Edward J. Dora</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u> | |
| MOTHER | 15. MAIDEN NAME <u>Minnie Jackson</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u> | |
| 17. INFORMANT (ADDRESS) <u>July Pearson 2945 - 2nd St</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE | <u>St Louis</u> | DATE <u>12-31</u> 19 <u>35</u> |
| 19. UNDERTAKER (ADDRESS) <u>Walter Richter 2500 Rutger St</u> | | |
| 20. FILED IN (ADDRESS) <u>St Bredeck Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 8 - 1 - 1935 to 12 - 27 - 1935

I last saw him alive on 12 - 27 - 1935. Death is said to have occurred on the date stated above, at 5:10 A m.

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

Submonary Tuberculosis
Date of onset 8-1-35

Other contributory causes of importance: 23

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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. Barry M.D.

(Address) 2945 - Laurin Bldg

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.

