

FEB 11 1936

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

Do not use this space.

41984

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. JONES
City St. Louis Mo. (No. City Hospital No. 2)

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2207 - Chestnut Ward. 21
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. 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>Negro</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>Sept. 8 1894</u>		
7. AGE	YEARS	MONTHS
<u>21</u>	<u>41</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unskilled Laborer</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>Missouri</u>		
13. NAME <u>Henry Howard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Lily Mason</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Judy Reddick 2945 - Lawton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Elizabeth</u> DATE <u>12-31</u> 19 <u>35</u>		
19. UNDERTAKER <u>Walter Richter 3500 Rutger St</u>		
20. FILED <u>1001 - 3 1936</u> 19 <u>36</u> <u>J. B. Bredbeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1935, 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 10:35 p.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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. Harrox, M. D.
(Address) 2945 - Lawton

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.

