

1938 11 1936

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

Do not use this space.

3019

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **City Hospital No. 2**) St. Ward)

File No.
Registered No. **248**

2. FULL NAME

(s) Residence, No. **1935 - Glasgow** Ward. **20**
(Usual place of abode)
Length of residence in city or town where death occurred **35** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Mabel Ellington**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 17 1873**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 10 3

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
Inf

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

MOTHER FATHER 13. NAME **Fred Ellington**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Va**

MOTHER 15. MAIDEN NAME **Harrist?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Orin**

17. INFORMANT (ADDRESS) **Judy Inheart 2745 - Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Jan 9 1936**

19. UNDERTAKER (ADDRESS) **A. J. Beal and Co 2726 Lucas Ave**

20. FILED **111 - S 19 36** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 4th 1936**

22. I HEREBY CERTIFY That I attended deceased from **12-29-1935** to **1-4-1936**

I last saw him alive on **1-4-1936** Death is said to have occurred on the date stated above, at **5:20 P.**

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

Arteriosclerosis Date of onset **12-29-35**
Heart Disease

Other contributory causes of importance: **95**

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. Harms** M. D.
(Address) **2945 - Lawton Blvd**

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.

