

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

Do not use this space.

3977

1. PLACE OF DEATH

County..... Registration District No. 1003

Township..... Primary Registration District No. 2

City *St. Louis, Mo.* (No. *City Hospital No. 2*)

File No. ....

Registered No. 2199

St. .... Ward)

2. FULL NAME

*Richard B. Bynum*

(a) Residence, No. *1227 - (4) 1st* Ward. *25*  
(Usual place of abode)

Length of residence in city or town where death occurred *13* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 *Martha Bynum*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 11th 1860*

7. AGE YEARS *76* MONTHS *0* DAYS *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*

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) *North Carolina*

13. NAME *Casey Bynum*

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

15. MAIDEN NAME *Mary Reed*

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

17. INFORMANT (ADDRESS) *Huby, 1945 - Larkin*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis U* DATE *2-7* 19*36*

19. UNDERTAKER *Walter Richter* (ADDRESS) *3500 Benton St*

20. FEB 27 1936 *J. F. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 31st* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *1-24-1936* to *1-31-1936*

I last saw him alive on *1-31-1936* Death is said to have occurred on the date stated above, at *4:20 p.m.*

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

*Arteriosclerotic Heart Disease*

Date of onset *1-24-36*

Other contributory causes of importance: *95 lb*

Name of operation..... Date of..... What test confirmed diagnosis? *Cholesterol* 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) *J. Buchanan Harris* M.D. (Address) *2945 - Larkin 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.

