

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.

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

City Registration District No. **1003**

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

File No. **7852**

Registered No. **1521**

St.

Ward)

2. FULL NAME **Cowlin M. Nairy**

(a) Residence, No. **2816 1/2 Lucas 21** Ward **21**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 7th** 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charity McNairy**

22. I HEREBY CERTIFY, That I attended deceased from **1-26-36**, 19**36**, to **2-7-36**, 19**36**. I last saw him alive on **2-7-36**, 19**36**. Death is said to have occurred on the date stated above, at **5:20 a**. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1st 1895**

Atherosclerosis
Heart Disease

7. AGE YEARS **70** MONTHS **9** DAYS **6** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **unskilled laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **laborer**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: **9562**

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

FATHER 13. NAME **Robert M. Nairy**

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical**. Was there an autopsy? **No**.

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

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.

MOTHER 15. MAIDEN NAME **Handy (Cain)**

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

17. INFORMANT (ADDRESS) **Judy Purdie**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington park** DATE **Feb-16-** 19**36**

19. UNDERTAKER (ADDRESS) **C. W. Robert & Co**

20. FILED **3035 Lucas**
J. Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **James B. Harris**, M. D.
(Address) **City Hospital #2**
2945 - Hawthorn Blvd

