

MAR 12 1936

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

Do not use this space.

8034

1. PLACE OF DEATH

County *At Home*

Registration District No. **791**

1003

File No. **1736**

Township *St. Louis*
City *St. Louis*

Primary Registration District No. *36222*

Coyne Ave

Registered No. **1736**

St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **7** mos. _____

ds. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Johnnie M. Soney</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-15-1913</i>		
7. AGE	YEARS <i>22</i>	MONTHS <i>16</i>
	DAYS <i>25</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>WPA Labor</i>	11. Total time (years) spent in this occupation
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)	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>
13. NAME <i>Eli Soney</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>
15. MAIDEN NAME <i>Fattie North</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>

17. INFORMANT <i>John M. Soney</i> (ADDRESS) <i>36222 Coyne Ave</i>
18. BURIAL, CREMATION, OR REMOVAL <i>Washington Park</i> DATE <i>2-18-36</i>
19. UNDERTAKER <i>Boyd Bros</i> (ADDRESS) <i>3706 N. Union</i>
20. FILED <i>2-18-36</i> <i>J. B. Bredeck</i> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-9* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *1-20* 19*36*, to *2-8* 19*36*

I last saw him alive on *2-8* 19*36* Death is said to have occurred on the date stated above, at *12:30* a.m.

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

Acute Pulmonary
Stenosis 1-18-36

Other contributory causes of importance: *23*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? *was on duty at the time of death*
If so, specify _____
(Signed) *W. M. Williams*, M. D.
(Address) *823-1116*

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.

