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.

8306

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1986

City St Louis (No. 1007 Brooklin St. ..... Ward)

2. FULL NAME James Rawling

(a) Residence, No. 10[illegible] Brooklin St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Jeannette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 2, 1844

7. AGE: 92 YEARS | MONTHS: 1 | DAYS: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10 yrs
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): ~~Dad~~ Decatur Alabama

FATHER

13. NAME: James Rawling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Ala.

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

17. INFORMANT (ADDRESS): Jenette Rawling 1007 Brooklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb. 23 1936

19. UNDERTAKER (ADDRESS): J. J. James 2039 Wash St.

20. FILED FEB 23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb. 16, 1936
I last saw him alive on Feb. 16, 1936. Death is said to have occurred on the date stated above, at 1.30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Labor Pneumonia

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Other contributory causes of importance:
Old Age & Chron Bronchitis

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? no.
If so, specify .....
(Signed) F. C. Walthall, M. D.
(Address) 1001 N. Jefferson