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.

APR 11 1936

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

Do not use this space.

8661

File No. 2561

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. City Hospital No. 1003 St. Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME James Guinn

(a) Residence, No. 2606 - Dickson Ward 21
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Guinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13th 1883

7. AGE: YEARS 53 | MONTHS 0 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER

13. NAME: Sam Guinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Rosetta Golden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Ruby Tudeaux 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Diversey DATE 3/9/36

19. UNDERTAKER (ADDRESS): R. O. Houston Jr. 2812 Thomas St.

20. FILED MAR 7 1936 J. F. Bredeck Registrar.

1756

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8 -, 1936, to 2 - 29 -, 1936

I last saw him alive on 2 - 29 -, 1936. Death is said to have occurred on the date stated above, at 10:25 A.M.

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

Degeneration Heart Disease — Date of onset 2-8-36

Other contributory causes of importance: 93C

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. Harris, M. D.

(Address) City Hospital #2