

APR 25 1936

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

Do not use this space.

12348

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 16033City Clayton Mo.(No. St. Louis Cr. Hosp.)

File No. \_\_\_\_\_

Registered No. 98

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 964 Darnum 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. 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

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 27-1935

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1016

## OCCUPATION

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

none

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)

St. L. Cr. Mo.

## 13. NAME

James Harris

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

Mo.

## 15. MAIDEN NAME

Mary Casper

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

Mo.

## 17. INFORMANT (ADDRESS)

Joe Cochran, St. Louis, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. Olive DATE Mar. 17, 1936

## 19. UNDERTAKER (ADDRESS)

Leadly Undertaker, 744 Broadway, St. Louis, Mo.

## 20. FILED

3/15 1936 St. Louis, Mo. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15, 193622. I HEREBY CERTIFY, That I attended deceased from 2-11, 1936, to 3-15, 1936I last saw h. alive on 3-15, 1936 Death is said to have occurred on the date stated above, at 1:40 a.m.

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

Date of onset

Erysipela?

Other contributory causes of importance:

lobar pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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. J. Joyce M. D.(Address) St. Louis, Mo.

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.

