

APR 11 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

Primary Registration District No.

1003

City

St. Louis Mo.

City Hospital No. 2

File No.

13081

Registered No.

3152

St.

Ward

2. FULL NAME

(a) Residence, No.

1247 - N. 10th St.

Ward 25

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24th 1904

7. AGE YEARS 34 MONTHS 10 DAYS 21
IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unskilled)

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) Mississippi

13. NAME Tom McNeese

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

15. MAIDEN NAME Mary Turner

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

17. INFORMANT (ADDRESS) July Anderson 2945 - 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macos, Mississippi DATE 3/26 1936

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son 920 No. Leonard Ave

20. FILED MAR 23 1936 J. P. Bredek Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10-1936 to 3-15-1936

I last saw him alive on 3-15-1936 Death is said

to have occurred on the date stated above, at 12:10 P.

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

Bilateral Lobar Pneumonia

Date of onset

3-10-36

Other contributory causes of importance: 108

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?

If so, specify _____

(Signed) Jas. B. Harris, M. D.

(Address) 2945 2nd St.

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.

