

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..... City, Health Department No. **1003**
City *St. Louis Mo.* (No. *City Hospital No. 2*) St. Ward

File No. **13319**
Registered No. **3416**
St. Ward

2. FULL NAME

(a) Residence, No. *1227 - 11 - 1/2 St.* 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 *23* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 25th 1908*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>27</i>	<i>5</i>	<i>128</i>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Private family*

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) *Ill.*

FATHER

13. NAME *George Mitchell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

MOTHER

15. MAIDEN NAME *Anna McCash*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

17. INFORMANT (ADDRESS) *Fred C. ... 2945 - ...*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *3-30-36*

19. UNDERTAKER (ADDRESS) *J. B. Harris 20390 Washington*

20. FILED *MAR 30 1936* *J. Brebeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 23rd 1936*

22. I HEREBY CERTIFY, That I attended deceased from *3-12-1936* to *3-23-1936*

I last saw him alive on *3-23-1936* Death is said to have occurred on the date stated above, at *7:40 A.M.*

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

Bilateral
Lobar Pneumonia

Other contributory causes of importance: *198*

Name of operation *no* 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 Rawlton*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

