

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.

MAY 23 1936

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

Do not use this space.

16178

1. PLACE OF DEATH

County Jefferson Registration District No. 609
Township North Primary Registration District No. 4363
City North St. Louis (No. West Brook)

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1892

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, or min. |
|-----------|-------|--------|------|-----------------------------|
| <u>64</u> | | | | |

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1936

22. I HEREBY CERTIFY That I attended deceased from Mar 1 1935, to April 1 1936

I last saw him alive on Apr 1 1936 Death is said to have occurred on the date stated above, at 6:45 m.

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

Chronic myocarditis
980

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Phabus, Francisco

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

MOTHER

15. MAIDEN NAME Martha Jones

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

17. INFORMANT (ADDRESS) John Hancock

18. BURIAL, CREMATION, OR REMOVAL PLACE McDonell DATE 4-3 1936

19. UNDERTAKER (ADDRESS) Wheeler

20. FILED 4 21 1936 Enall A. Sale, M.D. Registrar

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) H. Reynolds M. D.
(Address) Wheeler

