

APR 17 1936

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

Do not use this space.

17219

1. PLACE OF DEATH

County

Township

City

St. Mary's Infirmary

Registration District No.

Primary Registration District No.

(No. 1536)

791

1003

File No.

Registered No.

3982

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

3 yrs.

mos.

St. 22

Ward.

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

Male

4. COLOR OR RACE

Colored

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)

Feb. 1, 1909

7. AGE

YEARS

27

MONTHS

2

DAYS

7

IF LESS than 1 day, hrs. or min.

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)

Illinois

MOTHER

13. NAME

Daniel Lilly

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

Ill

15. MAIDEN NAME

Bessie Matthews

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

Ill

17. INFORMANT

(ADDRESS)

Bessie Brown 708 Madison St. Madison Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

E. St. Louis

DATE

4-9-36

19. UNDERTAKER

(ADDRESS)

P. W. Brown 3517 S. College Ave

20. FILE

APR 11 1936

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 7, 1936, to April 8, 1936

I last saw him alive on April 8, 1936. Death is said

to have occurred on the date stated above, at 12:27 P.M.

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

Hodgkin's Disease

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 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) A. C. Byrdwood, M. D.

(Address) St. Mary's Infirmary, 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.

