

MAY 19 1936

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

Do not use this space.

19446

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township How Primary Registration District No. 1002
City St. Louis (No. 1603 East 18) St. _____ Ward _____

File No. _____
Registered No. 2402
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1603 East 18 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 none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-27-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fort Scott
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Joseph Floyd
14. BIRTHPLACE (CITY OR TOWN) No. Carolina
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Pearl Dickson
16. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

17. INFORMANT Mrs. Mary Schroder
(ADDRESS) Sister 1603 East 18

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE May 14, 1936

19. UNDERTAKER J. P. Decker
(ADDRESS) 1415 Bank 15

20. FILED May 17 1936 M. D. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 20, 1936 at 20, N. 11, 36
I last saw him alive on May 11, 1936 Death is said to have occurred on the date stated above, at 2:15 a.m.

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

Tuberculosis Pulmonary Date of onset 1928

Other contributory causes of importance 23
Chronic Nephritis 1936

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? No
If so, specify _____
(Signed) Eugene Barbard
(Address) 114 Bryan Bldg

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.

RECORD

