

JUN 6 1936

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

Do not use this space.

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21149

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St Louis Mo (No. 4541) Geraldine Ave St. _____ Ward _____

File No. _____
Registered No. 5357
St. _____ Ward _____

2. FULL NAME

George Thomas Hite
(a) Residence, No. _____ St. 7 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 2 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
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) Logan County, Mo

FATHER
13. NAME George

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

MOTHER
15. MAIDEN NAME Ella James

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

17. INFORMANT (ADDRESS) John Hite

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn DATE May 23

19. UNDERTAKER (ADDRESS) Miller Bros

20. FILED MAY 21 1936

Registrar. J T Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 19 36

22. I HEREBY CERTIFY, That I attended deceased from May 17 19 36 to May 20 19 36
I last saw him alive on May 19 19 36. Death is said to have occurred on the date stated above, at 3:00 m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Acute + Chronic
Bronchial Asthma 8 yrs
Security 11 1/2 6 yrs

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Cervical as 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? no

If so, specify _____

(Signed) Rudolph T Abel, M. D.

(Address) 4929 Union Blvd

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

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.

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Dr. Abel

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4929 N Union Blvd