

MAY 28 1936

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

Do not use this space.

791

21213

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township.....
City **St. Louis Mo.** No. **City Hospital No. 2**

File No.....
Registered No. **5423**
St. Ward)

2. FULL NAME

(a) Residence, No. **3142 - Thackeray** Ward **18**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** 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 Negro	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) July 4th 1905		
7. AGE YEARS 30	MONTHS 10	DAYS 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer (Unskilled)		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi		
13. NAME John Bell		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.		
15. MAIDEN NAME Cathy Wright		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.		
17. INFORMANT (ADDRESS) July J. Lewis		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE May 22, 1936		
19. UNDERTAKER (ADDRESS) L. B. Bial and Co		
20. FILED MAY 22 1936 J. Bredbeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **3-8-36**, 1936, to **5-15-36**, 1936
I last saw him alive on **5-15-36**, 1936 Death is said to have occurred on the date stated above, at **11:45 A.M.**
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset **3-8-36**

Other contributory causes of importance: **J3**

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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) **J. B. Lewis**, M. D.
(Address) **2940 Rowland**

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.

DM-1-20-36

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