

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.

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County Registration District No. **791**
Township
City St. Louis, Mo. (No. City Hospital No. 2) **1003**
File No. **24400**
Registered No. **6015**
St. Ward)

2. FULL NAME

(a) Residence, No. 2903 - Lantier Ward. 21
(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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5th 1900
7. AGE YEARS 36 MONTHS 4 DAYS 27
If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
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) Arkansas

13. NAME Lanister Tate

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

15. MAIDEN NAME Rebecca Bobb

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

17. INFORMANT (ADDRESS) July Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Jackson DATE June 11, 1936

19. UNDERTAKER (ADDRESS) J. W. Brown

20. FILED JUN 14 1936 H. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-18-36, to 6-2-36.
I last saw him alive on 6-2-36 Death is said to have occurred on the date stated above, at 10:35 P.

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

Pulmonary Tuberculosis
Date of onset 5-18-36

Other contributory causes of importance:

Adhesion Pericarditis

Name of operation Date of
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) James B. Thomas, M. D.
(Address) 2940 Lantier

