

JUL 14 1936

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

Do not use this space.

791

24730

1. PLACE OF DEATH

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

File No. ....  
Registered No. **6353**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **1441 1/2 N - 18th St.** St. Ward. **21**  
(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

1. 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) **Aug 15<sup>th</sup> 1910**  
7. AGE YEARS **25** MONTHS **10** DAYS **14**  
If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **(Unskilled)**  
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) **Memphis Tenn**  
13. NAME **Phillip Owens**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**  
15. MAIDEN NAME **Aphelia Davis**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**  
17. INFORMANT **July Ferdinand**  
(ADDRESS) **2945 - Lawton**  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary Cem.** DATE **6-23-36**  
19. UNDERTAKER **Emmitt Jones Co**  
(ADDRESS) **2436 Gayles way**  
20. FILED **JUN 23 1936**  
**J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 19<sup>th</sup> 1936**  
22. I HEREBY CERTIFY that I attended deceased from **6-17-36** to **19-36**, 1936  
I last saw him alive on **6-19-36** Death is said to have occurred on the date stated above, at **5:00** m.  
The principal cause of death and related causes of importance were as follows:  
**Pulmonary Tuberculosis**  
Other contributory causes of importance: **23**  
**Tuberculosis Peritonitis**  
Name of operation ..... Date of .....  
What test confirmed diagnosis? **Chemical** 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) **Jos Hargis**, M. D.  
(Address) **2945 Lawton**

Date of onset **6-17-36**

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.

