

AUG 1 1936

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

Do not use this space.

28438

1. PLACE OF DEATH

County.....
Township.....
City **Saint Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **2125 Eugenia Street**)

File No.
Registered No. **7202**
St. Ward)

2. FULL NAME **William Barksdale Jr.**

(a) Residence, No. **2125 Eugenia Street**, St., **22** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Unavailable** 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 25, 1886**

7. AGE YEARS **49** MONTHS **11** DAYS **14** IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Porter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hotel**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **Unk**

12. BIRTHPLACE (CITY OR TOWN) **Clarksville** (STATE OR COUNTRY) **Tennessee**

FATHER
13. NAME **William Barksdale**

14. BIRTHPLACE (CITY OR TOWN) **Clarksville** (STATE OR COUNTRY) **Tennessee**

MOTHER
15. MAIDEN NAME **Harriett Padue**

16. BIRTHPLACE (CITY OR TOWN) **Clarksville** (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Ernest Barksdale** (ADDRESS) **4286 Saint Louis Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **National Cem.** DATE **July 15, 1936**

19. UNDERTAKER **Charles J. Bates** (ADDRESS) **4107 Finney Avenue**

20. FILED **JUL 14 1936** **J. T. Bredeek** Registrar.

No Phy. Attended
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **10:20 Am.**
The principal cause of death and related causes of importance were as follows:

Excessive heat Date of onset
Aortic Stenosis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) **Harriet P. Schuyler M.D.**
(Address) **13th and Clark Avenue**

WRITE PEAINLY, 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.

