

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

Do not use this space.

OCT 15 1936

31261

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis (No. 1604 W. 28th St. Fair)

Registration District No. 399

File No. 7
Primary Registration District No. 1002
Registered No. 7
Ward

2. FULL NAME

(a) Residence, No. 1604 W. 28th St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/12/1886

7. AGE YEARS 50 (?) MONTHS 2 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't Know

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

13. NAME Anderson Bell

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

15. MAIDEN NAME Mahalia Langdon

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellis Cemetery DATE Sept 10 1936

19. UNDERTAKER (ADDRESS) Theat. Appletton & Jarvis 1600 E. 19th St.

20. FILED Sept 9 1936 M. M. Carow Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-23 1936 to 8-30 1936. I last saw him alive on 8-30 1936. Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows: Far Advanced Date of onset

Pulmonary Tuberculosis
Other contributory causes of importance: 23

Name of operation Clinical Date of 7-30
What test confirmed diagnosis? No 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

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) S. A. Drown M. D.
(Address) 1830 Vine

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.

1917