

OCT 5 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791  
1003

Do not use this space.

36098

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 3639A Windsor Pl.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No.....  
Registered No. 9741

2. FULL NAME James Mantley

(a) Residence, No. 3639 Windsor Pl. St. 11 Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Hattie B. Mantley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 5 9

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. R.R. Station  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 16 Yrs

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

FATHER 13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Hattie B. Mantley 3639 Windsor Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 25th 1936

19. UNDERTAKER (ADDRESS) Chas. J. Galia 4107 Finney Ave

20. FILED SEP 25 1936 J. J. Bredeck Registrar. (Address) 3529 Frankel

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from about July 1 1936 to Sept 21 1936

I last saw him live on Sept 19 1936 Death is said to have occurred on the date stated above, at 6:45 P.M.

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

He was operated on at Mrs. Pacific Hospital for gallstones. Came home with general peritonitis in upper abdomen. Died from peritonitis.

Other contributory causes of importance: \_\_\_\_\_

Name of operating physician Hallston Date of operation \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? no

If so, specify \_\_\_\_\_

(Signed) C. J. Buckett, M. D.

(Address) 3529 Frankel

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.

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THIS IS A PERMANENT RECORD

