

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

Do not use this space.

OCT 21 1936

36332

1. PLACE OF DEATH

County St. Louis Registration District No. Missouri 1123 File No. _____
 Township Union City Primary Registration District No. 6248 B Registered No. 379
 City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME Henry Dimwiddie

(a) Residence, No. 711 N. Channing St. _____ Ward St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred un yrs. kn mos. W ds. How long in U. S., if of foreign birth? un yrs. kn mos. W ds.

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 Lorine Dimwiddie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 2 23

OCCUPATION

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. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable **11. Total time (years) spent in this occupation** unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City, Tenn.

FATHER **13. NAME** Curren Dimwiddie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Station Tennessee

MOTHER **15. MAIDEN NAME** Rhoda Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Station Tennessee

17. INFORMANT (ADDRESS) M. Schiller, Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Sept 30th 36

19. UNDERTAKER (ADDRESS) GATES FUNERAL HOME, ST. LOUIS, MO, 4107 Finney Ave

20. FILED Sept 28, 1936 J. Mowbray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1936, to September 27, 1936

I last saw him... alive on... September 27, 1936. Death is said

to have occurred on the date stated above, at... 10:40 p.m.

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

Aortic Aneurysm of Syphilitic origin with rupture into right main bronchus Date of onset Unkwn

Other contributory causes of importance:

Acute Bronchiectasis left lung Unkwn

Name of operation none Date of _____
 phy. exam. clinical manifestations
 What test confirmed diagnosis? laboratory 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) C. W. HUGHES, M. D.
 (Address) Chief Medical Officer, Jefferson Barracks, Mo.

THE UNIVERSITY OF CHICAGO
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MEMORANDUM FOR THE RECORD
DATE: 10/10/88
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint and illegible text, likely a technical report or laboratory notes.]