

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.

NOV 16 1936

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

Do not use this space.

37749

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township St. Louis Primary Registration District No. 1002 Registered No. 45102
 City St. Louis, Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 2033 St. Louis 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-11-1892</u>				
7. AGE	YEARS <u>43</u>	MONTHS <u>7</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	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) <u>K. C. Mo.</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>Gen Hosp #2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds Mo</u> DATE <u>10-22-36</u>				
19. UNDERTAKER (ADDRESS) <u>H. S. Moore</u> <u>1820 E 19th St</u>				
20. FILED <u>Oct 19 1936 P. M.</u> <u>G. D. Owen</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26-36, 1936, to 10-10-1936, 1936
 I last saw him alive on 10-10-1936 Death is said to have occurred on the date stated above, at 9:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Paralysis
Agitation
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed _____ 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) G. D. Owen M. D.
 (Address) General Hosp #2

