

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

Do not use this space.

42691

**NOV 20 1936**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **CITY HOSPITAL NO. 2**)

File No.....

Registered No. **11199**

St. .... Ward)

**2. FULL NAME** Earl Townsend

(a) Residence, No. 931 W. Cabanne Court., 5 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-6-** 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

22. I HEREBY CERTIFY, That I attended deceased from **10-30-36**, 19**36**, to **11-6-** 19**36**

I last saw him alive on **11-6-** 19**36** Death is said to have occurred on the date stated above, at **9:40 P.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14, 1896**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**40 7 22**

**LOBAR PNEUMONIA**

Date of onset **10-30-36**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mechanic**

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dallas, Texas**

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No.**

13. NAME **Asa Townsend**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chicago, Ill.**

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.

15. MAIDEN NAME **Hattie Glappion**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark.**

Manner of injury..... Nature of injury.....

17. INFORMANT (ADDRESS) **G. Esther M. Sherard 2945 Lawton Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Barracks** DATE **11/22/36**

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

19. UNDERTAKER (ADDRESS) **Wm. C. McDowell 3506 Franklin Ave.**

(Signed) **A. L. Lewis**, M. D.  
(Address) **City Hosp. No. 2**

20. FILED **NOV 10 1936** **J. Brebeck** Registrar.

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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