

DEC 3 1936

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

Do not use this space.

42819

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 2610 Baldwin) St. 20 Ward.....

File No. 11370
Registered No. 11370
St. 20 Ward.....

2. FULL NAME

Vestinus Gay
(a) Residence, No. 2610 Baldwin St. 20 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 Ca 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME John Gay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Anne Adair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Reinold Boykins (ADDRESS) 2610 Baldwin

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11-19 1936

19. UNDERTAKER W. K. Brown (ADDRESS) 2610 Baldwin

20. FILED NOV 16 1936 St Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1936

I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to Nov. 12, 1936.
I last saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 3 a. m.

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

Pulmonary Tuberculosis Date of onset.....

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Ch Was there an autopsy?.....

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) M. A. Mueller, M. D.
(Address) R. 335 Franklin

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.

