

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

43123

## 1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis

Registration District No. ~~SUPPLEMENTARY~~ 1

Primary Registration District No. 1008

File No. 11699

Registered No. 11699

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2346 Clark St., 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 7 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 37 6 17

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.

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) Arkansas

13. NAME John Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Rhoda Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Cossett, Ark, DATE 11/29th, 1936

19. UNDERTAKER R.C. Houston Jr., (ADDRESS) 2812, Thomas, St.

20. FILED NOV 27 1936 19 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 - 27 - 1936, to 11 - 24 - 1936

I last saw him alive on 11 - 24 - 1936 Death is said

to have occurred on the date stated above, at 9:37 P. M.

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

Pulmonary Tuberculosis - 10-27-

Date of onset

36

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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) J. Owen Blache, M. D.

(Address) 2945 Lawton

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.

