

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

Do not use this space.

43241

DEC 3 1936

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City (No. Peop Hospital 3447 Pine St. Ward)

File No. 11823
Registered No. 11823

2. FULL NAME

Willing Mile XX

(a) Residence, No. 922 Mound St. 26 Ward.

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 col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

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

OCCUPATION
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. Nil
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) Texas

FATHER
13. NAME Wealth Mile XX

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Dora Winfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Nellie Mitchell (ADDRESS) 922 Mound

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D. C. DATE 11-20-1936

19. UNDERTAKER W. Richter (ADDRESS) 3500 Rutledge St

20. FILED NOV 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1936 to 11-7 1936

I last saw h. i. m. alive on 11-7 1936 Death is said

to have occurred on the date stated above, at 4 p. m.

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

Tuberculous Peritonitis Date of onset Sept. 1935

Other contributory causes of importance:

Name of operation Exploratory Date of Sept. 16 1936

What test confirmed diagnosis? Operation 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

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) E. Egan F. Woodson M. D.

(Address) 3447 Pine Street

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.

