JAN 10 1937

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

Do not use this space.

46518

File No. 12307

Registered No.

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 3209 Lawton Avenue, St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Henry Lewis Truman

(a) Residence, No. 3209 Lawton Avenue, St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	11	7	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) Indiana

FATHER

13. NAME Alonzo Truman

14. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Jane Brown

16. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) Indiana

17. INFORMANT Morley Housa (ADDRESS) 3209 Lawton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Albany, Ind. DATE Dec. 18, 1936

19. UNDERTAKER Charles J. Hales (ADDRESS) 4107 Finney Avenue

20. FILED DEC 15 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1936, to Dec 12, 1936

I last saw him alive on December 2, 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

	Date of onset
Gastric Carcinoma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical 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) M. A. Mueller, M. D.

(Address) 2335 Franklin Avenue

MARGIN RESERVED FOR BINDING

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.

V.S. No. 2 50M-10-22-36 I X6314