

OCT 5 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

Do not use this space.

48909

## 1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City .....

St. Louis, Mo. (No. City Hospital #2)

File No. ....

Registered No. ....

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence, No. .... St. ....

(Usual place of abode)

22 Ward. ....

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Infant

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

Infant

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

Stillborn

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

Full Term

OCCUPATION

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

Infant

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)

St. Louis, Mo

MOTHER FATHER

13. NAME

Nathaniel Lairy

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

UNKNOWN

15. MAIDEN NAME

Gartia Weeks

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

Tenn.

17. INFORMANT

George Coffey

(ADDRESS)

2823 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Artesia, Miss DATE Sept. 5, 1936

19. UNDERTAKER

(ADDRESS)

F. A. Green  
2915 Franklin Ave.

20. FILED

SEP I 1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on..... Death is said

to have occurred on the date stated above, at 1450 m.

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

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed)

(Address)

M. D.

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.

