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

FEB 8 1937 791

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3339

Township ..... Primary Registration District No. ..... Registered No. 370

City Saint Louis, Mo. (No. Isolation Hospital 1 St. ..... Ward)

2. FULL NAME William Joplin

(a) Residence, No. 3135 Adams St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 253

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liggett & Myers

10. Date deceased last worked at this occupation (month and year) 1936

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee 2

FATHER

13. NAME Abe Joplin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee 2

MOTHER

15. MAIDEN NAME ? McDent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee 2

17. INFORMANT M. G. Barnett
(ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Jan. 11, 1937

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

20. FILED JAN 9 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937, to Jan. 6, 1937

I last saw him alive on Jan. 6, 1937. Death is said to have occurred on the date stated above, at 6:30 p. m.

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

	Date of onset
Erysipelas facial	1-1-37

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? .....

If so, specify .....

(Signed) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal

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.