MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

000 County ..... Registration District No. 791 File No. 4394

30 Township ..... Primary Registration District No. 1003 Registered No. 2280

9 City St. Louis (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Baby Daniels

(a) Residence, No. 3314 Franklin St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 3 - 37

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

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.
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. 1

FATHER
13. NAME F. A. Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

MOTHER
15. MAIDEN NAME Lester Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 2/10/37 19

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept

FEB 24 1937 19 J F Brodeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 3 - , 1937 to 1 - 3 - , 1937

I last saw h..... alive on 1 - 3 , 1937 Death is said to have occurred on the date stated above, at 11:10 A. M.

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

| | Date of onset |
|---|---|
| Still born | |
| Congenital Debility | 1-3-37 |

Other contributory causes of importance:

Name of operation ..... 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? 1

If so, specify .....

(Signed) Thomas C. McFall, M. D.

(Address) 2945 Lawton

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.

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