

MAR 13 1937

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

Do not use this space.

6603

1. PLACE OF DEATH

County Jackson
Township Aspen
City F.R.C. Mo. (No. General Hoop #2 St. 2nd Ward)

Registration District No. 399
Primary Registration District No. 1022

File No. 533
Registered No. 533

2. FULL NAME

(a) Residence, No. 624 Garfield St. Ward. 11
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 8 5

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

13. NAME Sam Nolls

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

15. MAIDEN NAME Rachel Nolls

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

17. INFORMANT (ADDRESS) Ed. Istaitis Nolls
3431 N. 6th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 2-25-37, 1937

19. UNDERTAKER (ADDRESS) H. R. Moore
1820 East 18th St

20. FILED 7/24 1937 m. m. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1937, to 2-22, 1937.
I last saw deceased alive on 2-29, 1937. Death is said to have occurred on the date stated above, 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Fat Adiposced
Pulmonary Tuberculosis
Other contributory causes of importance: 33

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical (as 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) Ed. Istaitis M. D.
(Address) General Hoop #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937 22

