

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

Do not use this space.

MAY 7 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **1635a Carr Street**) St. Ward)

2. FULL NAME

Nute Mc Caulley
 (a) Residence, No. **1635a Carr Street** St., **25** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **8** 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 Colored		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eunice Mc Caulley					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1894					
7. AGE		YEARS		MONTHS	
		42		5	
				DAYS	
				1	
				IF LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.W.A.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer					
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) Concord N. C.					
13. NAME John Mc Caulley					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord N. C.					
15. MAIDEN NAME Annie Williams					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord N. C.					
17. INFORMANT Eunice Mc Caulley (ADDRESS) 1635a Carr St					
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4/8/1937					
19. UNDERTAKER Ellis Funeral Home (ADDRESS) 2820 Stoddard St.					
20. FILED APR 8 1937 J. T. Bredeck Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 2nd 1937**

22. I HEREBY CERTIFY, That I attended deceased from **February 9, 1937, to April 2, 1937.**
 I last saw him alive on **April 2, 1937.** Death is said to have occurred on the date stated above, at **3:11 P.M.**
 The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan. 30 1937
Acute Nephritis	Feb. 9 1937
Acute Myocarditis, about	March 20 1937
Broncho Pneumonia	March 30 1937
Nephritis & Myocarditis	
Result of Influenza	
none	

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) **Julius C. Sherard**, M. D.
 (Address) **1635a Carr St**

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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