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.

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. The Peoples Hospital St. ..... Ward)

File No. 14349

Registered No. 3845

2. FULL NAME Infant Bobo

(a) Residence, No. 3737 Cook Avenue St., 11 Ward.
(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

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) 4-9-37

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 11½ 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.

FATHER

13. NAME William Bobo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Benita Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

17. INFORMANT William Bobo Jr.
(ADDRESS) 3737 Cook Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 4-12 1937

19. UNDERTAKER ADAMS Undertaking Co.
(ADDRESS) 3849 Windsor Pl.

20. FILED APR 12 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1937, to 4-10½, 1937

I last saw him alive on 4-10-37, 19 Death is said to have occurred on the date stated above, at 5:35 mA. M.

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

	Date of onset
Cerebral Hemorrhage of new-born following a difficult labor with forceps delivery	

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) Blair N. Carter, M. D.

(Address) People's Hospital