

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.

216 MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 85

File No. 15776

Township St. Joseph

Primary Registration District No. 1001

Registered No. 481

City St. Joseph (No. St. Joseph Hospital #2 St. Ward)

2. FULL NAME

(a) Residence, No. 1809 Campbell St.
(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 M

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1897

7. AGE

YEARS 40

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. Not known

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Health Records Dept. St. Joseph Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Catholic Burial DATE 4-24-37

19. UNDERTAKER (ADDRESS) Henry Mortuary 1602 Mississippi St. St. Joseph Mo

20. FILED 4-24-37 W. J. Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Apr 21 1937

I last saw him alive on Apr 21 1937. Death is said to have occurred on the date stated above, at 11:58.

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

Obesity of tongue Date of onset 8

Other contributory causes of importance:

Chronic Bronchitis
Dilated Prostate Gland

Name of operation None Date of None
What test confirmed diagnosis? Clau Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. J. Morris M. D.
(Address) State Health Records Dept. St. Joseph Mo

