

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... City Hospital #2
Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital 1003) St. Ward

File No. 18156
Registered No. 4732

2. FULL NAME Joe Wilson

(a) Residence, No. 2711 Dayton Street St. 21 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th, 1937. 19

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1928

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 9:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 10 11

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

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

Fractured Skull, Brain Abscess (Cerebellum), as the result of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

being thrown to the ground caused by running into the side of an

10. Date deceased last worked at this occupation (month and year)

automobile driven by Mary Dunn (Col) in front of 2711 Dayton St., at 6 p. m., April 29th, 1937.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Missouri

Other contributory causes of importance: ACCIDENT.

13. NAME Marvin Wilson Brookhaven

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

15. MAIDEN NAME Susie Williams Shaw

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Apr 27, 1937

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

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Susie Wilson 2711 Dayton St

Specify whether injury occurred in industry, in home, or in public place. Public Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 10th 37

Manner of injury Run into truck Nature of injury Fractured skull

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son 920 So. Leonard Ave

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

20. FILED MAY 10 1937 J. Bredeck Registrar

(Signed) Alfred J. Perry (Address) Deputy Coroner

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

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