

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County .....  
Township *St. Louis* .....  
City *St. Louis* (No. *City Hospital #1*)

Registration District No. **791**  
Primary Registration District No. **1008**

File No. **21656**  
Registered No. **5408**  
St. .... Ward)

2. FULL NAME

*Jesse B. Terry*  
(a) Residence, No. *1705 Marcus* Ward. *6*  
(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 *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30, 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Terry*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on *May 30, 1937* Death is said to have occurred on the date stated above, at *7:50 a.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 13 - 1872*

The principal cause of death and related causes of importance were as follows:  
*Degenerative Heart Disease*  
Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*65* *1* *17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Real Estate Salesman*

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
*arteriosclerosis*  
*Salmonella Rosburg*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

13. NAME *Unknown Terry*

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) *Mary Terry 1705 Marcus*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lake Charles* DATE *June 1, 1937*

19. UNDERTAKER (ADDRESS) *Borchmann-Harral 1905 Griffin*

20. FILED **JUN 1 - 1937** *J. J. Predeck* Registrar.

Name of operation *Salmonella Rosburg*

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? *None* Date of injury

Where did injury occur? (Specify city, 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) *Geo. A. Bazelin*, M. D.  
(Address)

Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully checked. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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