

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

25261

Township.....

Primary Registration District No.....

1003

File No.....

6435

City St. Louis(No. 7. Tower S. Phillips Hospital St. Ward)

2. FULL NAME

(a) Residence, No. 3967 Aldine St. 11 Ward.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 00 10 0

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

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) June 29, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Gibson Miss13. NAME John Hill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss15. MAIDEN NAME Amanda Haskins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Sadie Rayner (ADDRESS) 3967 Aldine St.18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Park DATE July 6 193719. URBERTAKER H. W. Harrison (ADDRESS) 1023 Harrison20. FILED JUL 3 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30/1937

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

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:25 P.M.

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

Date of onset

Apoplexy
Stagnant Nephritis
Arteriosclerosis

Other contributory causes of importance: 181Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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 HNature of injury H24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. L. L. L., M. D.(Address)

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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