

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Township.....

City.....

St. Louis

(No. 2

Registration District No. ....

Primary Registration District No. ....

1229 Mason

791  
1003

File No. ....

Registered No. ....

25276

6450

St. ....

Ward) .....

**2. FULL NAME** Ira Upchurch(a) Residence, No. 1229 Mason  
(Usual place of abode)

St.,

22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**

Male

**4. COLOR OR RACE**

White

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

Married

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

Nevada Upchurch

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May-6-1875.**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

2 62

01

27

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

Unemployed (3yrs.)

**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)**Mt. Sterling  
Illinois**13. NAME**

Jonas Upchurch

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Brown County  
Illinois**15. MAIDEN NAME**

Louisa Jacques

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

Illinois

**17. INFORMANT**

(ADDRESS)

Nevada Upchurch  
1229 Mason St.**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Mt. Sterling, Ill.

DATE

July-4-

1937

**19. UNDERTAKER**

(ADDRESS)

Wacker-Helderle  
2351 S. Broadway**20. FILED**

AUG 13 1937

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July-3rd. 1937**22. I HEREBY CERTIFY, that I attended deceased from**

July 1 1937, to July 3 1937

I last saw him alive on July 2 1937. Death is said

to have occurred on the date stated above, at 12:51 A.M.

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

Date of onset

*Hepatic  
Coronary*

Other contributory causes of importance:

*Myocardial  
Infarction*

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) *W. K. ...* M. D.

(Address) 1240 S. Broadway

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.

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