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.

AUG - 5 1937

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

Do not use this space.

25420

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 6594

2. FULL NAME Edward Miall Durham III

(a) Residence, No. 220 N Kingshighway St., ~~28~~ Ward 12 (If nonresident, give city or town and State)
(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23rd 1904

7. AGE: YEARS 32 MONTHS 9 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Tullahoma Tenn

FATHER

13. NAME Edward Miall Durham Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

MOTHER

15. MAIDEN NAME Mary Grey Wilkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Selma Ala

17. INFORMANT (ADDRESS) Benjamin W. Durham 5561 Waterman Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Bellefontaine DATE July 9th 1937

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive Street.

20. FILED JUL 8 1937 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to July 7, 1937

I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 9-15 p.m.

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

	Date of onset
Toxic Hepatitis (acetamotic) Heitomatosis June 1937	1937
Other contributory causes of importance:	
Acute nephritis July 1	1937
Secondary anemia June	1937

(Omentopexy) Name of operation OMENTOPEXY Date of July 2, 37

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) Howard [illegible] M. D.

(Address) 3720 Washington

omentotepy