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.

25814

1. PLACE OF DEATH Homer G Phillips Hospital 791

County 4 Registration District No. 1003

Township Primary Registration District No.

City St. Louis (No. 2601, N Whittier St. Ward)

File No.

Registered No. 6988

2. FULL NAME Henry Tatum

(a) Residence, No. 519 N Leonard St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Mae Tatum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1896

7. AGE: Years 41, Months 1, Days 15. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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): Tennessee

FATHER

13. NAME: Hap Tatum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Seely ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE: SHOXXNER ARK DATE: 7/23 1937

19. UNDERTAKER (ADDRESS): PEOPLES MUTUAL BURIAL LEAGUE 3100 FRANKLIN

20. FILED JUL 23 1937 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to July 16, 1937

I last saw him alive on July 16, 1937 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Pyocellulitis of left shoulder — Date of onset 6/3/37

as result of being struck by brick 4 mos. prior to death

Other contributory causes of importance:

Pneumoccic septicemia

Name of operation Date of

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

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accd. Date of injury 3-16, 1937

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

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

Manner of injury Hit by brick

Nature of injury Bruises of shoulder

24. Was disease or injury in any way related to occupation of deceased? Specify

(Signed) J M Walker, M. D.

(Address) 2601 N Whittier

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