

AUG 30 1937

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

Do not use this space.

28319

1. PLACE OF DEATH

County *St. Louis*Township *St. Ferdinand*City *Manchester* (No. *313*)Registration District No. *789*Primary Registration District No. *6033*St. *Harrison* (Ward)

File No.

Registered No. *197*

2. FULL NAME

(a) Residence, No. *313 Harrison* St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

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

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 28 - 1910

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*26**9**10*

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

Writer

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)

*July 8, 1937*11. Total time (years) spent in this occupation *3*

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

Newport Arkansas

13. NAME

Un known

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

LI

15. MAIDEN NAME

Ollie

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

Newport Arkansas

17. INFORMANT (ADDRESS)

Charlie 516 Leake

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Washington 4-16-37*

19. UNDERTAKER (ADDRESS)

Boyd Bros. 3706 Finney

20. FILED

*7/16*19. *37**W. B. Bachman Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8, 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 *1:30 p.m.*

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

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*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 *4*
Nature of injury *4*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify: *John D. Connelley, M.D.*
(Signed) *John D. Connelley, M.D.*
(Address) *Harrison, St. Louis Co.*

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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