AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 28382

Township [illegible] — Primary Registration District No. 6248B — Registered No. 292

City Jefferson Barracks (No. VAF St. Ward)

2. FULL NAME BOX, Hugh

(a) Residence, No. 2109a Chestnut Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: Colored
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) January 31, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Dixon, Tennessee

FATHER

13. NAME Warren Box
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Julia Marabil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barrick DATE July 22 1937

19. UNDERTAKER (ADDRESS) J W Hughes 2620 Lawton

20. FILED July 19 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 17, 1937

I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at 5:25P m.

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

	Date of onset
Chronic Myocarditis, decompensated	Unkn.
Other contributory causes of importance: Bronchial pneumonia	Unkn.

93C

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?
If so, specify C W Hughes
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

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.