

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32259

Do not use this space.

CT 14 1937

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 1826^e Goode Avenue Registered No. 8313
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1826^e Goode Avenue St. 11
 (Usual place of abode, if no street address, write county or city) (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About 59</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 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) Okalona, Mississippi
 13. NAME Manfield, John
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 15. MAIDEN NAME Elija Sticks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 17. INFORMANT (ADDRESS) Mrs. Hillie Hall Smith 1826^e Goode Avenue
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson Sept. 4, 1937
 19. FUNERAL DIRECTOR (ADDRESS) J. C. Gordon 914 N. 2649-51 Webster Blvd
 20. FILED SEP 3 1937 J. P. Brodeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-29-1937
 22. I HEREBY CERTIFY, That I attended deceased from August-10-1937 to August-29-1937
 I last saw him alive on August-29-1937 Death is said to have occurred on the date stated above, at 6:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypertrophic burhog Date of onset Aug 1937
Asis of the liver
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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 None
 (Signed) O. W. Johnson, M. D.
 (Address) 1076a N. Grandcenter

WHITE PRINTED WITH UNWRINDING 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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STATEMENT BY LICENSED EMBALMER

I, A. D. Richardson....., Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed A. D. Richardson
Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)