

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.

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

Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Homer G. Phillips Hosp.)

File No. 33073
Registered No. 9127
St. 11 Ward

2. FULL NAME

Leory Motley
(a) Residence, No. 3825 Cook Ave. St. 11 Ward.
(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 M
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1132 P
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 54 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Leroy Motley
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Gladys Woodard
16. BIRTHPLACE (CITY OR TOWN) S. Car.
(STATE OR COUNTRY)

17. INFORMANT Arthur Maynard
(ADDRESS) 2801 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL? Cremation
PLACE City Cemetery DATE 9/30/37

19. UNDERTAKER James L. Lissan
(ADDRESS) City Cemetery

20. FILE SEP 23 1937
J. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1132 P, 1937, to 1132 P, 1937.

I last saw him alive on 9-12-37. Death is said to have occurred on the date stated above, at 9:26 a m.

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

Prematurity

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Chinical 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Shuman C. McCall, M. D.
(Address) 2601 N. Whittier

