

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

36189
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City Saint Louis (d) Street No. 2601 N Whittier Registered No. 9766 St.
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME James Ledbetter
(a) Residence, No. 2916 Gamble St. 21
(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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Ledbetter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
75 9 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Ivy ?

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

MOTHER 15. MAIDEN NAME Liza ?

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Oct. 21, 1937

19. FUNERAL DIRECTOR W. C. Gordon
(ADDRESS) 2644 Delmar Blvd.

20. OCT 21 1937 19 J. Bredick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 31, 19 37, to Oct. 16, 19 37

I last saw him alive on Oct. 16, 19 37. Death is said to have occurred on the date stated above, at 3:30 m. p.m.

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

Arteriosclerotic heart disease

Date of onset 7/31/37

Other contributory causes of importance: 9562

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?..... 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

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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