

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.

NOV 18 1937

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

Do not use this space.

36933

1. PLACE OF DEATH

Country Jackson Registration District No. 399 File No. 36933  
Township 1st Primary Registration District No. 102 Registered No. 36933  
City St. Louis (No. General Hosp. #2 St. 2nd Ward)

2. FULL NAME

(a) Residence, No. 2414 Jarboe St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-14-1882</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>—</u>
		DAYS
		<u>10</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) (STATE OR COUNTRY) <u>St. La.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deeds no.</u> DATE <u>11-2-37</u>		
19. UNDERTAKER (ADDRESS) <u>H. S. Moore</u> <u>1822 1/2 St.</u> <u>Oct 30 37</u> <u>M. M. Crooks</u>		
20. FILED 19 <u>37</u> <u>11</u> <u>M.</u> <u>Crooks</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1937, to 10-24, 1937  
I last saw him alive on 10-24, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Esophagus  
Other contributory causes of importance:  
Sepsis  
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Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? No  
If so, specify.....  
(Signed) J. L. Burns, M. D.  
(Address) General Hosp. #2

