

JAN 17 1937

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

Do not use this space.

44317

1. PLACE OF DEATH

County Jackson  
Township 1st  
City St. Louis, Mo. (No. General Hosp. #2)

Registration District No. 384  
Primary Registration District No. 1202

File No. 3250  
Registered No. 3250  
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2525 Highland Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna B. Oliver

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1937, to 12-25, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-22-1884

I last saw him alive on 12-25, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 53 MONTHS 6 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

Squamous Cell Carcinoma of Tongue with Metastasis to Lungs and Neck

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. book  
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

Other contributory causes of importance: and Neck

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Le Branch Oliver

Name of operation Clinical Date of No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Va.

What test confirmed diagnosis Clinical Was there an autopsy? No

15. MAIDEN NAME May Majors

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.

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

17. INFORMANT (ADDRESS) Record Clerk, General Hospital

Manner of injury ..... Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Repealed DATE 12/29, 1937

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Watkins Bros.

If so, specify (Signed) G. Turner M.D.

20. FILED 12-27, 1937 Wm. Brown Registrar.

(Address) General Hosp. #2

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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