

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.

WHITE CARBON WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

REC'D APR 11 1938

791
 1008

9318

1. PLACE OF DEATH

County.....
 Township.....
 City St Louis (No. 2) Registration District No.
 Primary Registration District No.
Mo. Baptist Hospital St. (Ward)

File No.
 Registered No.

2. FULL NAME

Reuben Pittman Palmer 456
 (a) Residence, No. 801 N 22 St., N.R. Ward. East St Louis Ill
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1877</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>11</u>
	DAYS <u>15</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>Printer</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)..... <u>Jan 1938</u>	11. Total time (years) spent in this occupation..... <u>16 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>Stoddard Co Missouri</u>		
FATHER	13. NAME <u>Wm Palmer</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Quick</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>Mo.</u>	
17. INFORMANT..... (ADDRESS)..... <u>East St Louis Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... <u>East St. Louis Ill</u> <u>Mar 28 1938</u>		
19. UNDERTAKER..... (ADDRESS)..... <u>Kurruus and Co East St. Louis Ill</u>		
20. FILED..... <u>MAR 28 1938</u> <u>J. D. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1938, to 3/27, 1938.
 I last saw him alive on 3/27, 1938. Death is said to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 3/27

Other contributory causes of importance:
Asphyxia
Empyema

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? PD

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) O. H. Campbell M. D.
 (Address) 37 E. Grand St. St. Louis

Em blank signed at