

REC'D APR 23 1938

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

Do not use this space.

9551
1016

1. PLACE OF DEATH

County Jackson
Township St. Louis
City J. C. Mo. (No. General Hosp. #2)Registration District No. 399
Primary Registration District No. 11002File No. 1016
Registered No. 3rd (ward)

2. FULL NAME

(a) Residence, No. 1524 Perrot St. Ward. 235
(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

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-19377. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 - 21

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) (STATE OR COUNTRY) K.C. Mo.13. NAME Claude O. Baston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Ladie Woods16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT (ADDRESS) Record Clerk
General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge DATE 3/5/3819. UNDERTAKER (ADDRESS) Hatkins Bros
1749 Lytle20. FILED McN 19 3/11/38 A. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-3822. I HEREBY CERTIFY, That I attended deceased from 2-2-38 to 3-4-38I last saw him alive on 3-4-38 1938 Death is said to have occurred on the date stated above, at 7:00 A.M.The principal cause of death and related causes of importance were as follows:
Date of onsetCompetigo Contagiosa
10700

Other contributory causes of importance:

Brancho-PneumoniaName of operation Clinical Date of NoWhat 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

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 No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Chene M.D.
(Address) General Hosp. #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 20314

