

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Jefferson Barracks (No. 10)

Registration District No. 784
Primary Registration District No. 300
Vet Hosp

23000

File No. _____
Registered No. 1103
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 502 Av. Jefferson St. Louis Mo. Ward _____

Length of residence in city or town where death occurred 4 1/2 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ardella Page

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto sprayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janestown, Miss

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Anna Speer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known North Carolina

17. INFORMANT (ADDRESS) Medical Clerk, VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 30, 1938

19. UNDERTAKER (ADDRESS) Atkins Bros 3644 W. 7th Ave

20. FILED J.R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 3:20 PM

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

chronic myocarditis with
hypertrophy & dilatation
(arteriosclerotic heart) 93

Other contributory causes of importance:
hypertension & heart failure
Arteriosclerosis, generalized.

Diagnosis of occupation not known and laboratory not known
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) M. Hughes M. D.
(Address) Vet. adm. Hospital

1 X7044

Handwritten signature