

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.

940

FILED FEB 7 1940

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

Do not use this space.

3813

1. PLACE OF DEATH
 County St. Louis, mo Registration District No. 784
 Township 0 Primary Registration District No. 111
 City Rock Hill (No. St. Mary's Hospital) St. _____ Ward _____
 420 David Miller
 2. FULL NAME
 (a) Residence, No. 4802 Washington Ave St., Jones 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

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nil
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 9 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
 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) St. Louis, mo

MOTHER FATHER 13. NAME James Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson mo

MOTHER 15. MAIDEN NAME Virginia Risley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluffs mo

17. INFORMANT Virginia Mills
 (ADDRESS) 4802 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Am DATE 2-3 1940

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc
4794 W. S. Highway

20. FILED FEB 5 1940 St. Mary's Hospital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1 19 40
 22. I HEREBY CERTIFY, That I attended deceased from 1/21 1940, to 2/1 1940
 I last saw him alive on 2/1 1940 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 2/2/40
Spastic paralysis from birth
 Other contributory causes of importance:
Spastic paralysis from birth

Name of operation _____ Date of _____
 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) C. K. Hamilton M. D.
 (Address) Fernie DeLoze Hospital
St. Louis Mo.

1.42