

MO. FEB 15 1940

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

Do not use this space.

4025

1. PLACE OF DEATH

County St. Louis Registration District No. 846
Township Hurley Primary Registration District No. 6283
City St. Louis (No. 0) Registered No. 2
St. St. Louis Ward 2

2. FULL NAME

John William Honeycutt
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF FRONNIE Honeycutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 9 14

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

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) Ark.

13. NAME Noel Honeycutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Bernice Israel Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Feb. 2 1940

19. UNDERTAKER (ADDRESS) W. W. Naples 2323 Olive St. St. Louis

20. FILED 2-10 1940 H. A. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1940

I HEREBY CERTIFY, That I attended deceased from January 24, 1940, to February 1, 1940
I last saw him alive on January 31, 1940. Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Date of onset 1-30-40

Other contributory causes of importance:

Sprains of age.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) H. A. Johnson, M. D.
(Address) St. Louis, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-519

Date Filed FEB 14 1940