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

Do not use this space.

File No. 28821

Registered No. 8304

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 701

Township: — Primary Registration District No.: 101

City: Mo. (No. Missouri Pacific Hosp. St. — Ward)

2. FULL NAME: Malchi Everett

(a) Residence. No. 2201 Adams St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Abt. 38				

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: Mo. Pac. Lines

9. BIRTHPLACE (CITY OR TOWN): Way Cross
(STATE OR COUNTRY): Ga

PARENTS

10. NAME OF FATHER: Randle Everett

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ga.

12. MAIDEN NAME OF MOTHER: Susie Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ga.

14. INFORMANT: Garrie Reddy
(Address): Little Rock Ark

15. FILED: [illegible], 19 [illegible] Evan C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 12, 1928 that I last saw h. alive on Aug 12, 1928, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pancreatitis, Acute

1 28 (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1 25 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 11-1928

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) J. A. Lembeck M. D.

, 19 (Address) 1755 S. Grand Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Little Rock Ark — DATE OF BURIAL: 8-15-1928

20. UNDERTAKER: Peoples Und Co. — ADDRESS: 3100 Franklin

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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]