

22 1928

351

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

Do not use this space.

29782

1. PLACE OF DEATH

County St. Charles Registration District No. 85
Township Washington Primary Registration District No. 1001 File No. _____
City St. Louis (No. State Hospital #2 St. 1091 Ward _____)

2. FULL NAME

James P. Singleton
(a) Residence. No. North Market St. No. 2150 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 9 mos. 9 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) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1843
7. AGE YEARS 85 MONTHS Unknown DAYS Unknown If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) U.S. Missouri

10. NAME OF FATHER Unknown Singleton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Records State Hosp #2
Address St. Joseph Hosp

15. FILED 17 1928 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1928, to Sept 13, 1928 that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
9/13/28 (duration) Unknown yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Leucitis (duration) Unknown yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Phys. exam
(Signed) T. D. Curtis, M. D.
Sept 13, 1928 (Address) State Hosp #2
*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 New Market Mo. Est. 16 DATE OF BURIAL 1928
20. UNDERTAKER E. P. Eidenfaden ADDRESS 607. 2010

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.

