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

Do not use this space.

38383

File No. 10997

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME James Edward Tatum

(a) Residence. No. 3308 Lawton St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	9	4	

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

9. BIRTHPLACE (CITY OR TOWN) Gadsden
(STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary Tatum
(Address) Vashwood Park. Mo.

15. FILED NOV 10 1928 Dan C Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 - 22, 1928, to 11 - 1, 1928 that I last saw h. alive on 11 - 1, 1928, and that death occurred, on the date stated above, at 11 45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
46B
10A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Terminal pneumonia
Bronchi.
(duration) yrs. mos. 1 ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. R. Kilduff, M. D
, 19 (Address) Barnes Hospital

*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	DATE OF BURIAL
Washington Park	Nov. 11 1928
20. UNDERTAKER	**ADDRESS**
Manuel Sandt & Co,	4059 Finney

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD