JAN 28 1929

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

Do not use this space.

42420

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1123 — File No.:

Township: Carondelet — Primary Registration District No.: 6248 B, — Registered No.: 410

City: Koch (No. Koch Hosp. St. Ward)

2. FULL NAME Everett Puckett

(a) Residence. No. 2029 a Blendon Pl St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 7 mos. 26 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	3	26	

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): Illinois

PARENTS

10. NAME OF FATHER: Will Puckett

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

12. MAIDEN NAME OF MOTHER: Mathilda Hunt

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

14. INFORMANT: R. Koch Hospital Records
(Address): Koch Missouri

15. FILED: Dec. 7, 1928 L. C. Obrod M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1928 to Dec. 7 1928, that I last saw him alive on Dec. 7, 1928 and that death occurred, on the date stated above, at 1:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

About (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Gastro-Intestinal Tbc.

About (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) A. L. Gallant, M. D

12/7/28 (Address) Koch 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: Barnsburg Cemetery — DATE OF BURIAL: Dec 10 1928

20. UNDERTAKER: Geo. Chester — ADDRESS: Barnsburg

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.