

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

Do not use this space.

8899

1. PLACE OF DEATH

County..... Registration District No. 170
Towship..... Primary Registration District No. 7009
City St. Louis of 2811 A Barthol
St. Louis (Springs) Suggs

File No.....
Registered No. 2594
St. Ward)

2. FULL NAME

(a) Residence. No. 2811 A 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 2 1/2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General Hauling
(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) Miss

10. NAME OF FATHER Walter Suggs

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

12. MAIDEN NAME OF MOTHER Therrie Bland

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

14. INFORMANT Henry Suggs
(Address) 2811 A Barthol

15. FILED 26 1929 Max E. Stanley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1929, to Feb 23 - 1929, and that I last saw him alive on Feb 23 - 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sabur Pneumonia

108 / 0 / 0

CONTRIBUTORY Cardiac Asthenia
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) Ed Bailey, M. D.

, 19 (Address) 1937 Franklin Ave

*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenwood

3 - 2 1929

23. UNDERTAKER

ADDRESS 4202

W. S. Wade & Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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