96

Mar 2 1929

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

Do not use this space.

12183

1. PLACE OF DEATH

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

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 111

City Jefferson Brks, Mo. (No. U.S. Veterans' Hospital, Jefferson Brks, Mo. St. ..... Ward)

2. FULL NAME Isaac Gillespie.

(a) Residence. No. 1915 Bellglade Ave., St., ..... Ward. (If nonresident give city or town and State)
(Usual place of abode) St. Louis, Mo.

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

11

3

## 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 Mrs. Ora Gillespie.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1896

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | 6 | 4 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic.

(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.

(c) Name of employer Unavailable.

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

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PARENTS

10. NAME OF FATHER Unavailable.

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

31

12. MAIDEN NAME OF MOTHER Unavailable.

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

31

14. INFORMANT Nathan Barlow
(Address) Nathan Barlow, Clinical Director. U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED Mch 14, 1929 L. C. Obrock M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14, 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to March 14, 1929, that I last saw him alive on March 14, 1929, and that death occurred, on the date stated above, at 3:45 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary, chr. Far Advanced Active.

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(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis; Acute Broncho-Pneumonic. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED N.B.

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & X-Ray findings.

(Signed) F. C. Walsh, M. D.
F. C. Walsh, Medical Officer.
(Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

*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 National Jeff Brks — DATE OF BURIAL 3/16 1929

20. UNDERTAKER C. J. Gates & Co. — ADDRESS 4107 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