

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

Do not use this space.

3718

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *Peoples Temple*)

Registration District No. *701*
Primary Registration District No. *1102B*

File No.
Registered No. *958*
St. Ward)

2. FULL NAME

(a) Residence. No. *1007 1/2 Garrison St. Louis* Ward. *21*
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Cauc.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 55 X X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *P.P. Saloner 114*
(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) *Unknown 31*

10. NAME OF FATHER *Unknown*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn 2*
12. MAIDEN NAME OF MOTHER *Unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

14. INFORMANT *Burdil Taylor*
(Address) *1007 1/2 Garrison*

15. FILED *JUN 24 1931* *Wm C. Hardley* REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-20-1931*

17. I HEREBY CERTIFY, That I attended deceased from *1-4-*, 19*31*, to *1-19-*, 19*31* that I last saw h. *MA.* alive on *1-19-*, 19*31*, and that death occurred, on the date stated above, at *10* *A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

Acute Myocarditis (duration) yrs. mos. *16* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *1007 1/2 Garrison*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Phisical Ex & Sygna*
(Signed) *Howard D. Stuckey*, M. D.
. 19 (Address) *3115 1/2 Grand*

*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

Henry's Term *1-25 1931*

20. UNDERTAKER *Henry's Term* ADDRESS *1003 1/2 Garrison*
Henry's Term

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

