

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

Do not use this space.

23725

**1. PLACE OF DEATH**

County ..... Registration District No. 781  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 5346, Maple Ave)

File No. ....  
 Registered No. 7245  
 St. .... Ward

**2. FULL NAME**

(a) Residence, No. 5346 Maple Ave, 5 Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70      6      17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation about 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME John Nott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Marta Kubba

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Marie L. Nott  
5346 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cem. DATE July 1 1931

19. UNDERTAKER (ADDRESS) Drehmann Funeral  
1905 Union Blvd

20. FILED JUN 30 1931 W. C. Walker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1931

22. I HEREBY CERTIFY, That I attended deceased from June 28 1931, to June 29 1931.  
 I last saw him alive on June 29 1931. Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Asthma (not tubercular)  
Excessive Heat      Date of onset 6/29/31

Name of operation Obit Date of Obit  
 What test confirmed diagnosis? Obit Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. M. Gibson M. D.  
 (Address) 4337 Washington Bl

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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1000  
9-10