

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

Do not use this space.

29887

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 19A
City St. Louis Mo. (No. City Hospital #2) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 313 Spruce St. N 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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 Col 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) 5-28-1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 2 14

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Ulysses Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key Gibson

15. MAIDEN NAME Minnie Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key Gibson

17. INFORMANT A. Gustafson, Death of (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE Aug 21 1931

19. UNDERTAKER J. D. Beal (ADDRESS) 2726 A. A. Ave.

20. FILED 21 1931 MAX EVANOFF Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1931 to 8-12 1931

I last saw him alive on 8-12 1931 Death is said to have occurred on the date stated above, at 1:48 m.

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

121R
129
Diffuse Meningitis Date of onset 10 days

Other contributory causes of importance: _____

Acute Appendicitis Date of onset 5 days

Name of operation _____ Date of _____

What test confirmed diagnosis Operation 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 _____

Who 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? _____

If so, specify _____

(Signed) Henry E. Hampton, M. D.

(Address) City Hospital #2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A VITAL RECORD. 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.

APR 1 1942