

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

Do not use this space.

30203

1. PLACE OF DEATH

County _____ Registration District No. 191
Township _____ Primary Registration District No. 1002
City St Louis Mo (No. City Hospital #2)

File No. _____
Registered No. 9466
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 11821 Winifred St. 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cau</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-24-1931</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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.	<u>nil</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

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

13. NAME Jefferson Diggs

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

15. MAIDEN NAME Ressie Franklin

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

17. INFORMANT A Bertie de Creach
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE POTTERS FIELD DATE 9-10-31

19. UNDERTAKER Roy Weston
(ADDRESS) 2414 S. Lambert

20. FILED 31 1931 May E. Starck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1931

22. I HEREBY CERTIFY, That I attended deceased from 7-27-1931 to 8-7-1931
I last saw him alive on 8-7-1931 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Acute Bronchitis 3 days

106A / 106A

Other contributory causes of importance: malnutrition 10 days

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? _____
If so, specify _____
(Signed) Henry E. Houston, M. D.
(Address) City Hospital #2

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.

