

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

Do not use this space.

39509

**1. PLACE OF DEATH**

County ..... Registration District No. 1791  
 Township St. Louis Primary Registration District No. 100  
 City St. Louis Mo. City Hospital # 2 St. .... Ward)

File No. ....  
 Registered No. 11700

**2. FULL NAME**

(a) Residence, No. 2623 Morgan St. 21 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>49</u>	<u>2</u>	<u>    </u>	

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. Labour

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

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

13. NAME Lindsay White

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

15. MAIDEN NAME Unknown

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

17. INFORMANT A. G. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 11-7 1931

19. UNDERTAKER Walter Richtey (ADDRESS) 3500 ... St

20. FILED NOV 23 1931 W. E. ... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-21- 1931, to 11-2- 1931

I last saw him alive on 11-2- 1931 Death is said to have occurred on the date stated above, at 2:00 m.

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

Pellagra 1 year  
60  
 Other contributory causes of importance:     

Name of operation ..... Date of .....

What test confirmed diagnosis: Autopsy Was there an autopsy? .....

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)     , M. D.

(Address) City Hospital # 2

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.

