

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

Do not use this space.

11044

File No. _____
Registered No. 3128
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo (No. City 70 Hospital)

2. FULL NAME

(a) Residence, No. 5026 2 Frankham St., 211 Ward.

(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

| | | |
|--|--------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-8-1885</u> | | |
| 7. AGE YEARS <u>46</u> | MONTHS <u>3</u> | DAYS <u>20</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

| | |
|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>122A</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labour 102A</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) Ark (STATE OR COUNTRY) 2

13. NAME Sid Newsome

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

15. MAIDEN NAME Alice Godby

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

17. INFORMANT A. K. ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg Ark DATE Mar 31 192

19. UNDERTAKER F. A. ... (ADDRESS)

20. FILED ... 192

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28- 1932

22. I HEREBY CERTIFY, That I attended deceased from 217 1932 to 3/28 1932
I last saw him alive on 3/28 1932 Death is said to have occurred on the date stated above, at 5:45 m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Bronchitis Pneumonia

Direct Injural Hemorrhage

Other contributory causes of importance: 107-W

Name of operation Hemorrhage Date of 3-16-32
What test confirmed diagnosis? ... 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) Henry B. Dauphin, M. D.
(Address) ...

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.

