

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

Do not use this space.

11073

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
 Townshp ..... Primary Registration District No. 9008  
 City St. Louis (No. 3407, La Salle St. .... Ward) .....

File No. ....  
 Registered No. 3157  
 St. .... Ward) .....

**2. FULL NAME**

Jac Decatur  
 (a) Residency, No. 3407 La Salle St., 18 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 Col'd 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt. 60 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 37  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common  
 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) Missouri 1

13. NAME Commodore Decatur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) Mary Duncanson 3457 Kacted

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE April 1, 1932

19. UNDERTAKER (ADDRESS) J. H. Garrison 2906 E. Ontario

20. FILED 31 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mar, 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932, to March 29, 1932. I last saw him alive on March 28, 1932. Death is said to have occurred on the date stated above, at 340 A, m.

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

Interstital Chronic Nephritis  
131 3 years  
17 years

Other contributory causes of importance:

131 1

Name of operation ..... Date of .....  
 What test confirmed diagnosis urine 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? No

If so, specify .....  
 (Signed) Vincent J. Mueller, M. D.  
 (Address) 2335 Franklin

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.

