

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **701**
 Township _____ Primary Registration District No. **207**
 City **St. Louis** (No. **City Hospital # 2**) St. _____ Ward _____

24777

File No. _____
 Registered No. **6923**

2. FULL NAME

(a) Residence, No. **2712 22 Dickerson St.** Ward **M**
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Cauc** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-19-32**

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

22. I HEREBY CERTIFY, That I attended deceased from **7-15** 19**32**, to **7-19-32**, 19**32**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-14-1882**

I last saw h. **live** alive on **7-19-32** 19**32** Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
50 3 3

to have occurred on the date stated above, at **8:45 P.M.**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **237**

133A Date of onset _____

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

Multiple Abscesses of Kidneys **2 weeks**

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

Other contributory causes of importance: **(1)**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss 2**

13. NAME **Frank Taylor**

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

What test confirmed diagnosis **autopsy** Was there an autopsy? _____

15. MAIDEN NAME **Mahalia Turner**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **A. Gustafson** (ADDRESS) **City Hospital # 2**

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL **Com. 8-30-32** DATE _____

19. UNDERTAKER **Wm. H. Hunsley** (ADDRESS) **2812 Franklin St.**

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) **R. G. Johnson** M. D.
 (Address) **City Hospital # 2**

20. FILED **26 1932**

Registrar.

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.

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[The main body of the document is a form with several horizontal lines, but the text is extremely faint and illegible. It appears to be a standard medical certificate form with fields for patient information, medical history, and a physician's signature and date.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 991
 Township Madison Primary Registration District No. 1003
 City Madison (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 6923

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS 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.
 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Multiple abscesses of the liver from infection. Cause unknown. Stated on report given over phone by Dr. Robinson Div. of V. S. 9-9432

Other contributory causes of importance: _____

Name of operation 133 Date of _____
 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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

W. C. Starker, Jr.
 Registrar

N. B. - Information should be carefully supplied. AGENT should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

5-24777