

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

Do not use this space.

**1. PLACE OF DEATH**

City St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1008  
 City St. Louis (No. City Hospital #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2653  
 Registered No. 272

**2. FULL NAME**

(a) Residence, No. 3225 Montgomery St. 70 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-2-1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>
	DAYS <u>3</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>Unknown</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</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) (STATE OR COUNTRY) <u>Iowa</u>		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Mrs. Freda Platt</u>	
	(ADDRESS) <u>City Hospital</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Council Bluffs</u> DATE <u>1/10</u> 19 <u>34</u>		
19. UNDERTAKER <u>Beat Bros.</u>		
(ADDRESS) <u>3029 S. Lafayette Ave</u>		
20. FILED <u>J. Bredbeck</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1934

22. I HEREBY CERTIFY That I attended deceased from 12-31-1933 to 1-5-1934

I last saw h. i. m. alive on 1-5-1934 at 8:30 m. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 1/5

Other contributory causes of importance:  
Malnutrition

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) Arthur E. Jones M. D.  
 (Address) 1515 Lafayette, Mo.

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.

THIS IS A PERMANENT RECORD

27 1934

1932  
48  
84