

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jackson Registration District No. H 13  
 Township Sumner Primary Registration District No. 5559C  
 City North St. Louis (No. ....) St. .... Ward)

File No. 5413  
 Registered No. 6

2. FULL NAME

(a) Residence, No. .... St. .... Ward. Ortho  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie McLeod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
45 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter  
 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) Ozark Mo

13. NAME John McLeod

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

15. MAIDEN NAME Jane Butler

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Feb 7, 1934

19. UNDERTAKER (ADDRESS) Steele Undertaking Co  
North St. Louis

20. FILED 2-15-34 Harry A Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1934, to Feb 6, 1934  
 I last saw him alive on Feb 5, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Other contributory causes of importance: 73

Name of operation Pulmonary Date of 1934  
 What test confirmed diagnosis? For. sp. s. Was there an autopsy? Yes

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 Jane E. Dancyan, M. D.  
 (Signed) Steele (Address) North St. Louis

