

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

Do not use this space.

MAR 24 1934

791

6562

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. _____
Primary Registration District No. 1003
(No. 5134, Maple ave)

File No. _____
Registered No. 1405
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5134 Maple St. 5 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 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 Katherine Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 4 25

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

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

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) Carthage Ill

13. NAME James A. Winston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Co Virginia

15. MAIDEN NAME Harriell Baker

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

17. INFORMANT Bryant J. Winston (ADDRESS) 5134 Maple ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Ill DATE Feb 11 1934

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive St

20. FILED 6 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930 1930, to Feb 8 1934

I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 7:30 PM

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

Pneumonia Bronch Date of onset Feb 4
107A
162
107A
Other contributory causes of importance: Demility

Name of operation _____ 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 _____, 1934

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) O. J. Campbell, M. D.

(Address) 3746 Walden

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.

S. C. S. S. Q.

