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.

JUN 19 1934

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

Do not use this space.

18136

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4514, Fair St. ..... Ward)

File No. .....

Registered No. 4587

2. FULL NAME Eustus O. Divers (Divers)

(a) Residence, No. 4514 Fair St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5, 1900

7. AGE: 34 YEARS; MONTHS: 3; DAYS: 29; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: majestic Paint Co

10. Date deceased last worked at this occupation (month and year): march 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton, Mo.

FATHER

13. NAME: James Divers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Addie Poindexter

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

17. INFORMANT (ADDRESS): Virginia Divers 4514 Fair Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton Mo DATE May 7, 1934

19. UNDERTAKER (ADDRESS): Shepard Funeral Home 1167-69 Hamilton Ave.

20. FILED MAY -5 1934 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-4-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1933, to 5-4-, 1934

I last saw him alive on 5-4-, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Pulmonary Chronic	Oct
23H Tuberculosis	1933
59 (Hemorrhage)	
23B	
Other contributory causes of importance:	
Diabetes mellitus	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex 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? .....

If so, specify .....

(Signed) Francis J. Medler, M. D.

(Address) 4114 W. Florissant