

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

Do not use this space.

NOV 13 1934
1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Hospital #2)
Registration District No. 1003
Primary Registration District No.

File No. 37325
Registered No. 9730
St. Ward)

2. FULL NAME

(a) Residence, No. 2212 7 1/2 W. Randolph Ward 22
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15th 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 17

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
Labour

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Benjamin Woods

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

15. MAIDEN NAME Josephine - ?

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

17. INFORMANT (ADDRESS) July Perdue

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Cem. DATE Oct. 6 1934

19. UNDERTAKER (ADDRESS) Brace & Tanner

20. FILED 1003 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-27-1934 to 10-2-1934

I last saw him alive on 10-2-1934 Death is said to have occurred on the date stated above, at 3:22 A.M.

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

Pulmonary Tuberculosis
23A
75
Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of No

What test confirmed diagnosis? Clinical 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) Russell H. Smith, M. D.

(Address) _____

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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Registrar

