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.

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

Do not use this space.

40721

File No.
Registered No. 10657

DEC 13 1934

1. PLACE OF DEATH

County
Township
City St. Louis (No. 4454 So. 38th. Street St. Ward)

Registration District No. 791
Primary Registration District No. 1008

2. FULL NAME John H. Overton

(a) Residence, No. 4454 So. 38th. Street St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th. 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	8	23	

OCCUPATION

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

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) Indiana

FATHER

13. NAME John Overton

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

MOTHER

15. MAIDEN NAME Eliz. Dorxus

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

17. INFORMANT Laura Overton
(ADDRESS) 4454 So. 38th. Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 7th. 1934

19. UNDERTAKER Jm Schumacher
(ADDRESS) 3013 Meramec Street

NOV 8 1934

20. FILED 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934 to Nov. 4, 1934
I last saw him alive on Nov. 4, 1934 Death is said to have occurred on the date stated above, at 9 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
131	

Other contributory causes of importance:

Chronic Interstitial Nephritis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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) B. W. Klippel M.D. M. D.
(Address) 3772a S. Broadway