

JUN 12 1935

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

Do not use this space.

791
1003

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No. St. Louis Mo. City Hospital #2
City St. Louis Mo. (No. City Hospital #2) St. 4033 Ward 22

File No. 15123
Registered No. 4033

2. FULL NAME

(a) Residence, No. 2112 - Randolph Ward. 22 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd 1885

7. AGE YEARS 49 MONTHS 10 DAYS 26 If LESS than 1 day, hrs. or min.

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

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

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) Mississippi

MOTHER / 13. NAME Thomas Dixon

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

15. MAIDEN NAME Frances Laflore

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

17. INFORMANT Judy Perkins

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Catholic Church

19. UNDERTAKER (ADDRESS) Franklin Brown

20. FILED 3 1935 Registrar J. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 - 23 - 1935 to 4 - 29 - 1935

I last saw him alive on 4 - 29 - 1935 Death is said to have occurred on the date stated above, at 1:25 A m.

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

Pulmonary Tuberculosis Date of onset 4-23-35

Other contributory causes of importance: 23

Name of operation Date of What test confirmed diagnosis? Chemical 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 Smith M. D. (Address) 2945 - Lawton

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.

