

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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1008**
 City *St. Louis, Mo.* (No. *City Hospital #2.*) St. Ward

File No. **21203**
 Registered No. **5126**
 St. Ward

2. FULL NAME

(a) Residence, No. *1424 - 71 - 9th St. St. Louis* Ward. **25**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *4* 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) *Single*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 25, 1910*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 4 19
 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.
Laborer
 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) *Missouri*

FATHER 13. NAME *John Percefield*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Cassie Wilkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT *July Percefield*
 (ADDRESS) *2945 - Lawton Bld.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *6-12* 19*35*

19. UNDERTAKER *J. J. Jones*
 (ADDRESS) *2734 Schindler ave.*

20. FILED *J. Bredeck*
 (Address) *2945 - Lawton Bld.*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4th* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *2 - 5 - 1935* to *16 - 4 - 1935*
 I last saw him alive on *6 - 4 - 1935* Death is said to have occurred on the date stated above, at *11:10 P.*

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

Pulmonary Tuberculosis
 Other contributory causes of importance: *23*

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

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 *Russell Smith* M. D.
 (Signed) (Address) *2945 - Lawton Bld.*

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.

