

SEP 25 1935

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

Do not use this space.

26475

1. PLACE OF DEATH

County Jackson
Township Agate
City St. Louis (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1002

File No. 26475
Registered No. 01223
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2537 Washland 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-2-1935</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>1</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>K.C. Mo.</u>		
MOTHER	13. NAME <u>Garnett Cannon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Julia Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Richard Clark General Hosp. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reds Mo</u> DATE <u>8-19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>F.B. Moore 1820 E 18 St</u>		
20. FILED <u>Aug 5 1935 M.M. Kerow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-5 1935 to 8-11 1935
I last saw him alive on 8-11 1935 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Premature Infant
Other contributory causes of importance:
Inanition 157

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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? No
If so, specify _____ (Signed) R.C. Thomas, M.D.
(Address) General Hosp. #2

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.

COMMUNICATIONS SECTION
COMMUNICATIONS DIVISION
U.S. DEPARTMENT OF JUSTICE

STATE OF NEW YORK

NEW YORK