

SEP 16 1935

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

Do not use this space.

27880

1. PLACE OF DEATH

2717^e Dayton St

791

County

Registration District No.

1003

Township

Primary Registration District No.

File No.

6933

City

St. Louis, MO

(No.

St.

Ward)

2. FULL NAME

John Prim

(a) Residence, No. 2717^e Dayton St

St.

21

Ward.

(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

Male

4. COLOR OR RACE

Cauc

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or) WIFE OF

Elizabeth Prim

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 16th 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

7

26

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.

Labor

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)

Jackson MO

13. NAME

Henry Prim

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

J MO

15. MAIDEN NAME

Sarah Spratt

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

Little Rock Ark

17. INFORMANT (ADDRESS)

Mabel Dunn 2717^e Dayton St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 8-15 1935

19. UNDERTAKER (ADDRESS)

J. H. Randle & Son 317 1220 Bernard Ave

20. FILER (ADDRESS)

J. F. Brebeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-12th 193522. I HEREBY CERTIFY, That I attended deceased from July-30th 1935 to Aug-12th 1935I last saw him alive on August-12th 1935 Death is said to have occurred on the date stated above, at 10 a.m.

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

Benign Tumor of the Right Kidney

Date of onset

July 30th 1935

Other contributory causes of importance:

Due to Pressure

Name of operation none Date of

What test confirmed diagnosis? none 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 1935

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 none

(Signed) O. W. Johnson, M. D.

(Address) 4076 N. Grand Ave

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.

