MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8713

Township ..... Primary Registration District No. 1003 Registered No. 2175

City St. Louis, Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Welshire Tregoning

(a) Residence, No. ..... St., N.P. Ward. Carterville, Ill. ?
(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1899

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	2	24	

OCCUPATION

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

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 15 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carterville, Illinois

FATHER

13. NAME Charles H. Tregoning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois

MOTHER

15. MAIDEN NAME Quinnie Bandy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrin, Illinois

17. INFORMANT (ADDRESS) Charles B. Tregoning Carterville, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carterville, Ill. DATE Feb. 23rd, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe InC., 429 N. Euclid Avenue

20. FILED FEB 22 1937 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to Feb 21, 1937

I last saw him alive on Feb. 21, 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

	Date of onset
Lung Abscess, Left	1-25-37
Pyopneumothorax, Left	1-28-37
Lung abscess due to non specific pneumonia bronchial	

Other contributory causes of importance:

Chronic Nephritis	?
Hypertension	?
Tonsillectomy - 1-11-37	
Name of operation Thoracostomy Date of 2-17-37	

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? .....
If so, specify .....

(Signed) F. R. Bradley, M. D.
(Address) BARNES HOSPITAL

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.

198