MAY 7 1937

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

Do not use this space.

14509

791
1003

File No. 4005
Registered No.

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. , City Sanitarium St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Alphonso Burks, (col)
(a) Residence, No. 3006 a Thomas St. St., 21 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: 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: Modestine Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1903

7. AGE: Years 33 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer common
10. Date deceased last worked at this occupation (month and year): Oct 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville, Mississippi

FATHER
13. NAME: Melvin Burks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

MOTHER
15. MAIDEN NAME: Emma Latham,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

17. INFORMANT: T. C. Campbell M. D.
(ADDRESS): 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farther Dugleson DATE 4/16 1937

19. UNDERTAKER Lee, Jones & Greed & co
(ADDRESS) 2812 Vandeventer av

20. FILED APR 15 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15/37, 19 to 4-12-1937, 19
I last saw him alive on 4-12-37, 19 Death is said to have occurred on the date stated above, at 9:40 A.M.
The principal cause of death and related causes of importance were as follows:
Meningitis (Pnuemococus) 4-9-37 Date of onset
BH
Other contributory causes of importance:
Broncho-pneumonia 4-9-37
Syphilis 2-15-37-x

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?
If so, specify
(Signed) T. C. Campbell, M. D.
(Address) 5400 Arsenal St.

MAY 7 1937
2432
2222

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.

50M-10-22-36 I X9314