

JUL - 1 1938 REC'D JUL 7 1938

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

Do not use this space. 0

22980

1. PLACE OF DEATH
 County St Louis / Registration District No. 784
 Township Carondelet / Primary Registration District No. 201
 City Rock (No. Rock Hosp.) St. Mo Ward 421

2. FULL NAME Vernon Sausberry
 (a) Residence, No. 4410 1/2 Market St. Mo Ward. 421
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 11 mos. 28 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>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 1919</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>0</u>
	DAYS <u>22</u>	If LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School boy</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) <u>April 1936</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo 0</u>		
FATHER	13. NAME <u>Thomas Sausberry 9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	
MOTHER	15. MAIDEN NAME <u>Carrie Carl 1</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Rock Hospital Recd</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 3, 1938</u>		
19. UNDERTAKER <u>A. L. Bear Und. Co.</u> (ADDRESS) <u>2726 Lucas</u>		
20. FILED <u>JUL - 1 1938</u> 19 <u>J. R. Murphy M. D. Reg. A.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1938 to 6-25, 1938
 I last saw him alive on 6-24, 1938 Death is said to have occurred on the date stated above, at 3:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary Tuberculosis
 Date of onset Feb. 1936

Other contributory causes of importance:
23a

Name of operation None Date of Yes
 What test confirmed diagnosis X-ray system 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 Paul Murphy / M. D.
 (Signed) Rock Mo
 (Address)

MARGIN RESERVED FOR BINDING
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.

V. S. NO. 4
FORM 22-36
REV. 1-30-34

Henry Goodin

Lucas 3050