

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

Do not use this space.

2067

1. PLACE OF DEATH

County St. Louis Registration District No. 37

Township St. Louis Precinct Registration District No. 10

City St. Louis (No. St. Johns Hosp)

File No. 231
Registered No. 1 St. Ward

2. FULL NAME

(a) Residence. No. 12 St. Flack River Ward. Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mining 1210
(b) General nature of industry, business, or establishment in which employed (or employer) St. Joe Lead Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

10. NAME OF FATHER Henry Head

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Maggie Sulan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Ma. Henry Head (Address) Flack River Mo.

15. FILED V-7 1927 May 6 Starks 19 27

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 19 26, to Jan 6 19 27, and that I last saw him alive on Jan 5 19 27, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Peritonitis
Operative

(duration) 12 da.
CONTRIBUTORY (SECONDARY) Obstruction
Intestinal (duration) 12 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH...
DISEASE PRECEDE DEATH... 12/29/26
DATE OF...
WAS THERE AN AUTOPSY...
WHAT TEST CONFIRMED DIAGNOSIS... Clinical
(Signed) W. C. Starks M. D.
19 27 (Address) St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flack River Mo. DATE OF BURIAL Jan 8 19 27

20. UNDERTAKER Raymond Leathwell ADDRESS Flack River Mo.

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.

10 am 01

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

File No.

Township

Primary Registration District No. 1003

Registered No. 231

City

(No. St. Ward)

2. FULL NAME

Melhem P. Head

(a) Residence. No. St. 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

M

4. COLOR OR RACE

W

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

M

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED .. 19. Mar 6 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 6 1927

17.

I HEREBY CERTIFY, that I attended deceased from to 19..... that I last saw h. alive on 19..... and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH, DATE OF

WAS THERE AN AUTOPSY,

WHAT TEST CONFIRMED DIAGNOSIS,

(Signed), M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

1-8-1927

20. UNDERTAKER

ADDRESS

WRITE MAINLY IN PLAIN TERMS. Every item of information should be supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms.

REGISTRARS SHALL NOT RECEIVE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-22667