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.

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

Do not use this space.

3750

1. PLACE OF DEATH

County .... Registration District No. 791 File No. 353

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

City St Louis Mo (No. St Anthony's Hospital St. .... Ward)

2. FULL NAME Virgil Romine

(a) Residence. No. De Soto Mo St., 16 Ward. De Soto 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. 1 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of L. Romine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 173
(b) General nature of industry, business, or establishment in which employed (or employer) 1020
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER George Romine

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

12. MAIDEN NAME OF MOTHER Sarah James

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

14. INFORMANT John Copeland
(Address) Victoria Mo

15. FILED ... 1929 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....,
that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:
Haemorrhage due to Gun Shot wound of Abdomen
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Homicide
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? 8 1917
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) J W Tasner, M.D.
1/8, 1929 (Address) Dep Coron

*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 De Soto Mo

DATE OF BURIAL 1-10 1929

20. UNDERTAKER C. Barnhardt

ADDRESS De Soto Mo